OMB # : 0970–0151

Expiration Date: 04/30/2022

**FACES 2019**

**Experiences in Head Start**

**Head Start Family and Child Experiences Survey 2019
(FACES 2019)**

**Parent Survey**

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| ***Fall 2019 – Spring 2020*** |

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| Paperwork Reduction Act Statement: The referenced collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 0970–0151 which expires 04/30/2022. The time required to complete this collection of information is estimated to average 25 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica Policy Research, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Lizabeth Malone. |

PROGRAMMER:

|  |
| --- |
| UNIVERSAL WEB SOFT CHECK: IF ITEM=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.** **Por favor proporcione una respuesta a esta pregunta y continúe. Para continuar a la siguiente pregunta sin proporcionar una respuesta, haga clic en el botón “Siguiente”.** |

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| **SCREENER** |

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| wEB ONLY |

**Intro2.**

**SURVEY INFORMATION**

**Mathematica Policy Research is conducting the Head Start Family and Child Experiences Survey (FACES) for the Administration for Children and Families (ACF). ACF is part of the U.S. Department of Health and Human Services.**

**We are inviting you to complete a survey about you and your child, because he or she is in a Head Start program that is taking part in FACES. This study aims to learn more about families in Head Start and the services Head Start provides. By completing this survey, you will help Head Start serve all children and their families. The survey will take about 25 minutes to complete.**

**Your answers to this survey will be kept private to the extent permitted by law. No one from your child’s Head Start program will see your answers. Using the login ID and password ensures that your answers will only be seen by the study team. The next page will tell you how to complete the survey.**

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| wEB ONLY |

**Intro3.**

How to Complete the Survey /

Cómo completar la encuesta

Thank you for taking the time to complete this survey.

Gracias por tomarse el tiempo para completar esta encuesta.

* There are no right or wrong answers. / No hay respuestas correctas ni incorrectas.
* To answer a question, click the box to choose your response. / Para contestar una pregunta, haga clic en la casilla para elegir su respuesta.
* To continue to the next webpage, click the “**Next**” button. / Para ir a la siguiente página, haga clic en el botón “**Siguiente”**.
* To go back to the previous webpage, click the “**Back**” button. Please note that this command is only available in certain sections. / Para volver a la página previa, haga clic en el botón “**Volver”**. Por favor note que esta opción sólo está disponible en ciertas secciones.
* If you need to stop before you have finished, close out of the webpage. The data you provide prior to logging out will be securely stored and available when you return to complete the survey. / Si necesita parar antes de haber terminado, cierre la página. Las información que usted dé antes de salir serán almacenadas de forma segura y estarán disponibles cuando vuelva para completar la encuesta.
* For security purposes, you will be timed out of the survey if you are idle for longer than **30 minutes**. / Por razones de seguridad, su sesión será cerrada si no hay actividad por más de **30 minutos.**

**Please click on the button below to begin the survey or close this webpage to exit.**

**Por favor haga clic en el botón de abajo para comenzar o cierre esta página para salir de la encuesta.**

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| **SCREENER** |

Sample Info: PRELOAD FROM SMS AS INTERVIEWER NOTES

IF FALL 2019 OR NO PREVIOUS INTERVIEW BUT CONSENT HAS BEEN OBTAINED, DISPLAY INFORMATION FOR INDIVIDUAL WHO GAVE CONSENT: Respondent is [RESPONDENT NAME], [RELATIONSHIP TO CHILD], to [CHILD], consent given [DATE CONSENT FORM WAS SIGNED OR WHEN INDIVIDUAL WAS LOADED INTO SMS]

IF FALL 2019 OR NO PREVIOUS INTERVIEW AND CONSENT HAS NOT BEEN OBTAINED, DISPLAY: Respondent information is not yet available; consent has not been obtained. EXIT CASE AND DO NOT PROCEED TO SCREENER.

IF SPRING 2020 AND THERE IS A PREVIOUS INTERVIEW, DISPLAY RESPONDENT FOR MOST RECENT INTERVIEW: Respondent was [RESPONDENT NAME], [RELATIONSHIP TO CHILD] to [CHILD], conducted on [DATE OF MOST RECENT INTERVIEW].

MakeDialPhone

AUTO DIAL 01

follow cati MODULE

MANUAL DIAL 02

QUICK EXIT 03

RESPONDENT CALLING IN 04 GO TO Hello

{IF CATI AND MakeDialPhone = 1,2,4 }

Hello.

**My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Mathematica.** [(IF CATI AND MakeDialPhone = 4) **Thank you for calling in to complete the survey**].

**May I please speak with [NAME]?**

Hello.

**Mi nombre es \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de Mathematica.** [(IF CATI AND MakeDialPhone = 4) **Gracias por llamar para completar la encuesta**]**.**

**¿Por favor, puedo hablar con [NAME]?**

{PROGRAMMER NOTE: IF NO PRIOR INTERVIEW, FILL WITH NAME ON CONSENT FORM; IF PRIOR INTERVIEW, FILL WITH NAME OF MOST RECENT RESPONDENT.}

[NAME] AVAILABLE 1 GO TO SampMemb

[NAME] COMES TO THE PHONE 2 GO TO SampMemb

[NAME] ASKS WHAT THE CALL IS

ABOUT 3 GO TO WHATABOUT

[NAME] NOT AVAILABLE 4 GO TO SampMemb

[NAME] HAS MOVED 5 GO TO KNOWWHERE

[NAME] DOES NOT SPEAK ENGLISH 6 GO TO LANG

NEVER HEARD OF [NAME]/WRONG NUMBER/

DIFFERENT RESPONDENT 7 GO TO THANKS

HUNG UP DURING INTRODUCTION 8 GO TO TERMINATE INTERVIEW

SampMemb. [(IF Hello=2 OR WhatAbout=2) **Hello, my name is \_\_\_\_\_\_\_.] [**(IF MakeDialPhone≠4) **I’m calling about [CHILD] and her/his experiences with Head Start]. We would like to interview you about [CHILD]’S experiences in Head Start and other things related to (his/her) Head Start experience. Is this [**(If MakeDialPhone=4) **still] a good time to talk?]**

SampMemb. **[**(IF Hello=2 OR WhatAbout=2) **Hola, mi nombre es \_\_\_\_\_\_\_.][**(IF MakeDialPhone≠4) **Estoy llamando acerca de [CHILD] y de sus experiencias en Head Start]. Quisiéramos entrevistarle a usted acerca de las experiencias de [CHILD] en Head Start y de otras cosas relacionadas con su experiencia en Head Start. ¿Es ahora [**(If MakeDialPhone=4) **aún] una buena hora para hablar?]**

YES, CONTINUE 1 GO TO RespondentConfirm

NOT A GOOD TIME 2 MAKE APPOINTMENT

HUNG UP DURING INTRODUCTION 3 TERMINATE INTERVIEW

SUPERVISOR REVIEW 4 TERMINATE INTERVIEW

REFUSED r GO TO EXIT TAB, THEN

 TERMINATE INTERVIEW

{IF Hello=3}

WhatAbout[(IF MakeDialPhone≠4) **I’m calling about a study we are conducting /** (IF MakeDialPhone=4) **We are conducting a study] to learn more about families in the Head Start Program and how Head Start provides different kinds of services to children and families.** [(IF MakeDialPhone≠4) **May I speak with [NAME]?]**

{IF Hello=3}

WhatAbout[(MakeDialPhone≠4) **Estoy llamando acerca de un estudio que estamos conduciendo /** (IF MakeDialPhone=4) **Estamos conduciendo un estudio] para aprender más acerca de familias en el programa de Head Start, y de cómo Head Start proporciona diferentes tipos de servicios a niños y familias.** [(IF MakeDialPhone≠4) **¿Puedo hablar con [NAME]?**]

[NAME] AVAILABLE 1 GO TO SampMemb

[NAME] COMES TO THE PHONE 2 GO TO SampMemb

[NAME] CURRENTLY UNAVAILABLE 3 GO TO SampMemb

[NAME] MOVED 4 GO TO KnowWhere

[NAME] DOES NOT SPEAK ENGLISH 5 GO TO LANG

NEVER HEARD OF [NAME]/WRONG NUMBER/

DIFFERENT RESPONDENT 6 GO TO THANKS

[(CATI) HUNG UP DURING INTRODUCTION] 7 TERMINATE INTERVIEW

SUPERVISORY REVIEW 8 TERMINATE INTERVIEW

{IF Hello=5 OR WhatAbout=3}

KnowWhere: **Do you or anyone there know how we can reach [NAME]?**

{IF Hello=5 OR WhatAbout=3}

KnowWhere: **¿Usted o alguna otra persona allí sabe cómo podemos ponernos en contacto con [NAME]?**

YES 1 GO TO NewPhone

NO 0 GO TO Thanks

{IF Hello=6 OR WhatAbout=5}

Lang. CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF POSSIBLE THEN END INTERVIEW

INTERVIEWER NOTE: IF LANGUAGE IS SPANISH, INTERVIEWER SHOULD CONTACT THEIR SUPERVISOR BEFORE PROCEEDING.

SPANISH 1 GO TO THANKS.

OTHER LANGUAGE (SPECIFY) 6 GO TO OtherLang

{IF LANG=6}

OtherLang IF POSSIBLE, RECORD LANGUAGE SPOKEN

STRING[15] GO TO THANKS

{IF Hello=5 OR WhatAbout=4 AND KnowWhere=1}

NewPhone. **May I please have (his/her) telephone number?**

{IF Hello=5 OR WhatAbout=3 AND KnowWhere=1}

NewPhone. **¿Me puede dar su número de teléfono, por favor?**

YES 1 GO TO GETPHONE

NO 0 GO TO NewAddr

{IF Hello=5 OR WhatAbout=4 AND KnowWhere=1}

NewAddr. **May I please have (his/her) address?**

{IF Hello=5 OR WhatAbout=3 AND KnowWhere=1}

NewAddr. **¿Me puede dar su dirección, por favor?**

YES 1 GO TO GETADDRESS

NO 0 GO TO Thanks

{Hello=5,6,7 OR WhatAbout=3,4,5}

Thanks: **Thank you for your time.** TERMINATE INTERVIEW

{Hello=5,6,7 OR WhatAbout=3,4,5}

Thanks: **Gracias por su tiempo.** TERMINATE INTERVIEW

{IF SampMemb=1}

RespondentConfirm. CONFIRM WHETHER THE PERSON WITH WHOM YOU ARE SPEAKING IS [NAME]. IF YOU ARE NOT CERTAIN, ASK **“Are you [NAME]?”**

{IF SampMemb=1}

RespondentConfirm. CONFIRM WHETHER THE PERSON WITH WHOM YOU ARE SPEAKING IS [NAME]. IF YOU ARE NOT CERTAIN, ASK **“¿Es usted [NAME]?”**

YES, PERSON IS [NAME] 1 GO TO PREVIOUS INTERVIEW BOX

NO, PERSON IS NOT [NAME] 0 IF FALL 2019 OR NO PREVIOUS INTERVIEW GO TO Thanks. IF SPRING 2020 GO TO RespondentIdentify.

{IF RespondentConfirm=0}

RespondentIdentify. IDENTIFY THE PERSON WITH WHOM YOU ARE SPEAKING. IF YOU ARE NOT CERTAIN, SAY **“Can you please tell me your name?”**

{IF RespondentConfirm=0}

RespondentIdentify. IDENTIFY THE PERSON WITH WHOM YOU ARE SPEAKING. IF YOU ARE NOT CERTAIN, SAY **“Por favor, ¿me puede decir su nombre?”**

PROGRAMMER – IF SPRING 2020 DISPLAY MOST RECENT PARENT INTERVIEW RESPONDENT, PARENTS 2 AND 3 (FROM SMS) AND “OTHER.”

PROGRAMMER – IF RespondentIdentify=4 (NOT LISTED), THEN CREATE AN ALERT MESSAGE AS FOLLOWS: “IN CASE \_\_\_\_ [FILL CASE ID NUMBER] ACTUAL RESPONDENT DOES NOT MATCH POTENTIAL RESPONDENTS IDENTIFIED IN SMS. NEW ID MUST BE ASSIGNED” SEND THIS MESSAGE TO IDENTIFIED STAFF..

[Parent1] 1 GO TO PREVIOUS INTERVIEW BOX

[Parent2] 2 GO TO PREVIOUS INTERVIEW BOX

[Parent3] 3 GO TO PREVIOUS INTERVIEW BOX

NOT LISTED 4 GO TO PREVIOUS INTERVIEW BOX

|  |
| --- |
| PREVIOUS INTERVIEW BOXIF FALL 2019 CONTINUE AT SC1IF SPRING 2020 AND NO PREVIOUS INTERVIEW WITH THIS RESPONDENT: CONTINUE AT SC1IF SPRING 2020 AND PREVIOUS INTERVIEW WITH RESPONDENT: CONTINUE AT SC0. |

{IF SPRING 2020}

SC0\_w. **In the fall we completed an interview with [FallRespondent\_FullName]. Is that you?**

 **En** **el otoño completamos una entrevista con [FallRespondent\_FullName]. ¿Es usted esa persona?**

YES/Sí 1

NO 0

{if FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT}

**SC1\_w.**  **The person most responsible for [CHILD]’s care should complete this survey. Are you [still] that person?**

 **La persona que es principalmente responsable por el cuidado de [CHILD] debe completar esta encuesta. ¿Es usted [todavía] esa persona?**

🔾 Yes/Sí 1 GO TO SC1a

🔾 No 0 GO TO

NewNameRep\_w

NO RESPONSE M GO TO

NewNameRep\_w

{if FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT and sc1=1}

SC1a\_w. Do you live in the same household as [CHILD]?

 ¿Vive usted en el mismo hogar que [CHILD]?

YES/Sí 1 GO TO SKIP BOX SC0d

NO 0

GO TO NewNameRep\_w

NO RESPONSE M

|  |
| --- |
| IF SC1\_w OR SC1a\_w = 0, D, R, OR M |
| FILL [CHILD] FROM PRELOAD |
| IF SC1a = 0, D, R, OR M, FILL **Among the people that live with [CHILD], please / Entre las personas que viven con [CHILD], por favor**ELSE, FILL **Please / Por favor** |

**NewNameRep\_w and NewRepPhone\_w.**

 **[Among the people that live with [CHILD], please/Please] enter the name, address, and phone number of the person most responsible for [CHILD]’s care.**

 **[Entre las personas que viven con [CHILD], por favor/Por favor] anote el nombre, la dirección y el número de teléfono de la persona con mayor responsabilidad por el cuidado de [CHILD].**

First Name / Primer nombre:

Middle Initial / Inicial de segundo nombre:

Last Name / Apellido:

Street Address 1 / Dirección 1:

Street Address 2 / Dirección 2:

City / Ciudad:

State / Estado:

Zip / Código postal:

Telephone / Teléfono:

(\_\_\_) \_\_\_-\_\_\_\_

NO RESPONSE M GO TO THANKS

|  |
| --- |
| NewNameRep\_w HAS PHONE PROVIDED |

**NewNameRepTZ\_w. What time zone is that in?**

***¿En qué zona horaria está?***

CODE ONE ONLY

Eastern Time (US & Canada) [(FILL CURRENT TIME)] 62

Indiana (East) [(FILL CURRENT TIME)] 63

Central Time (US & Canada) [(FILL CURRENT TIME)] 65

ARIZONA [(FILL CURRENT TIME)] 68

MOUNTAIN TIME (US & CANADA) [(FILL CURRENT TIME)] 70

PACIFIC TIME (US & CANADA) [(FILL CURRENT TIME)] 71

ALASKA [(FILL CURRENT TIME)] 72

HAWAII [(FILL CURRENT TIME)] 73

BAJA CALIFORNIA [(FILL CURRENT TIME)] 93

|  |
| --- |
| PROGRAMMER NOTE GETNAMEINTROIF (NEWNAMEREP\_W FIRST NAME AND LAST NAME) NE D, R, OR M, GO TO THANKS AND SET DISP = 36 (CALL BACK).IF (NEWNAMEREP\_W FIRST NAME AND LAST NAME) = D, R, OR M, GO TO THANKS AND SET DISP = 45 (NO PROXY).. |

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| SKIP BOX SC0dIF HEADSTART=1 (CHILD IS IN HEAD START, BASED ON PRELOAD), GO TO SC2b\_2\_w. ELSE, GO TO SC2c\_2\_w. |

|  |
| --- |
| HEADSTART=1 (CHILD IS HEAD START, BASED ON PRELOAD) |
| FILL [CHILD] FROM PRELOAD |

SC2b\_2\_w. **According to our records [CHILD] is still attending Head Start. Is that correct?**

SC2b\_2\_w. **Según nuestros archivos, [CHILD] todavía está asistiendo a HEAD START. ¿Es eso correcto?**

YES/Sí 1 GO TO SampMemb

NO 0 GO TO SC2c\_2\_w

NO RESPONSE M GO TO SC2c\_2\_w

|  |
| --- |
| IF HEADSTART NE 1 OR SC2b\_2\_w = 0, D, R, OR M |
| FILL [CHILD] FROM PRELOAD |
| PROGRAMMER: Include hyperlink to Help Screen that opens in a separate window. |

SC2c\_2\_w. **What grade or year of school is [CHILD] attending?**

SC2c\_2\_w. **¿A qué grado o año de la escuela asiste [CHILD]?**

 (Click here for more information about the grades or years below.)

 (Haga clic aquí para más información sobre los grados o años a continuación.)

🔾 Head Start 1 GO TO SampMemb

🔾 Nursery/Preschool/Prekindergarten /

 Guardería/Programa pre escolar/Pre kindergarten 8 SC2c\_2Exit\_w

🔾 Kindergarten 2 SC2c\_2Exit\_w

🔾 Transitional Kindergarten (Before Kindergarten) /

 Kindergarten transicional (antes de Kindergarten) 3 SC2c\_2Exit\_w

🔾 Pre-first Grade (After Kindergarten) /

 Pre-primer grado (después de Kindergarten) 4 SC2c\_2Exit\_w

🔾 First Grade / Primer grado 5 SC2c\_2Exit\_w

🔾 Un-graded or Home Schooled / Sin grado o educado en el hogar 6 SC2C\_2new\_w

🔾 Special Education / Educación especial 7 SC2c\_2Exit\_w

🔾 Something else / Alguna otra cosa 99 SC2c\_2Specify\_w

🔾 Not enrolled in school / No está matriculado(a) en una escuela 11 SC2c\_2Exit\_w

NO RESPONSE M SC2c\_2Exit\_w

PROGRAMMER: CREATE A HELP SCREEN WITH THE FOLLOWING DEFINITIONS:

NURSERY/PRESCHOOL/PRE-KINDERGARTEN: PROGRAMS THAT OFFER CLASSES PRIOR TO KINDERGARTEN, PRIMARILY SERVING 3 AND 4 YEAR-OLD CHILDREN. THESE MAY BE OFFERED BY PUBLIC AND PRIVATE ORGANIZATIONS.

Guardería/ preescolar/pre-kindergarten: Programas que ofrecen clases antes de kindergarten, principalmente sirviendo niños de 3 y 4 años de edad. Estos pueden ser ofrecidos por organizaciones públicas y privadas

TRANSITIONAL (OR READINESS) KINDERGARTEN: EXTRA YEAR OF SCHOOL FOR KINDERGARTEN-AGE ELIGIBLE CHILDREN WHO ARE JUDGED NOT READY FOR KINDERGARTEN.

Kindergarten transicional (o de preparación): Año extra de escuela para niños elegibles en edad de kindergarten que son considerados no preparados para kindergarten.

KINDERGARTEN: TRADITIONAL YEAR OF SCHOOL PRIMARILY FOR 5-YEAR-OLDS PRIOR TO FIRST GRADE.

Kindergarten: Año de escuela tradicional principalmente para niños de 5 años de edad, antes del primer grado.

PRE-FIRST (TRANSITIONAL FIRST) GRADE (AFTER K): EXTRA YEAR OF SCHOOL FOR CHILDREN WHO HAVE ATTENDED KINDERGARTEN BUT HAVE BEEN JUDGED NOT READY FOR FIRST GRADE.

Pre-primer grado (primer grado transicional) (después de k): Año extra de escuela para niños que han asistido a kindergarten, pero que han sido considerados no preparados para el primer grado.

UN-GRADED: A CLASSROOM CONTAINING KINDERGARTEN-AGED STUDENTS (POSSIBLY IN COMBINATION WITH OTHER AGES), NOT FORMALLY IDENTIFIED AS A "KINDERGARTEN" CLASS.

Sin-grado: Un salón de clase que contiene estudiantes en edad de kindergarten (posiblemente en combinación con otras edades), sin estar formalmente identificado como un clase de "kindergarten".

|  |
| --- |
| SC2c\_2\_w = 99 |

SC2C\_2Specify\_w. “**Please enter the grade your child is in.”**

SC2C\_2Specify\_w. “**Por favor escriba en qué grado está su hijo(a).”**

{IF SC2C\_2=6}

SC2C\_2new\_w. **What grade would [CHILD] be in if [he/she/he or she] were attending a school with regular grades?**

 **¿En qué grado estaría [CHILD] si [él/ella/ él o ella] asistiera a una escuela con grados regulares?**

 (Click here for more information about the grades or years below.)

 (Haga clic aquí para más información sobre los grados o años a continuación.)

🔾 Head Start 1 GO TO SampMemb

🔾 Nursery/Preschool/Prekindergarten /

 Guardería/Programa pre escolar/Pre kindergarten 8 SC2c\_2Exit\_w

🔾 Kindergarten 2 SC2c\_2Exit\_w

🔾 Transitional Kindergarten (Before Kindergarten) /

 Kindergarten transicional (antes de Kindergarten) 3 SC2c\_2Exit\_w

🔾 Pre-first Grade (After Kindergarten) /

 Pre-primer grado (después de Kindergarten) 4 SC2c\_2Exit\_w

🔾 First Grade / Primer grado 5 SC2c\_2Exit\_w

🔾 Special Education / Educación especial 7 SC2c\_2Exit\_w

NO RESPONSE M SC2c\_2Exit\_w

|  |
| --- |
| [PROGRAMMER: CREATE A HELP SCREEN (TO POP UP IN A SEPARATE WINDOW) WITH THE FOLLOWING DEFINITIONS:]Nursery/preschool/pre-kindergarten: Programs that offer classes prior to kindergarten, primarily serving 3 and 4 year-old children. These may be offered by public and private organizations.Kindergarten: Traditional year of school primarily for 5-year-olds prior to first grade.Transitional (or readiness) kindergarten: Extra year of school for kindergarten-age eligible children who are judged not ready for kindergarten.Pre-first (transitional first) grade (after k): Extra year of school for children who have attended kindergarten but have been judged not ready for first grade.Un-graded: A classroom containing kindergarten-aged students (possibly in combination with other ages), not formally identified as a "kindergarten" class. |
| Guardería/preescolar/pre-kindergarten: Programas que ofrecen clases antes de kindergarten, principalmente sirviendo niños de 3 y 4 años de edad. Estos pueden ser ofrecidos por organizaciones públicas y privadasKindergarten: Año de escuela tradicional principalmente para niños de 5 años de edad, antes del primer grado. Kindergarten transicional (o de preparación): Año extra de escuela para niños elegibles en edad de kindergarten que son considerados no preparados para kindergarten.Pre-primer grado (primer grado transicional) (después de k): Año extra de escuela para niños que han asistido a kindergarten, pero que han sido considerados no preparados para el primer grado.Sin-grado: Un salón de clase que contiene estudiantes en edad de kindergarten (posiblemente en combinación con otras edades), sin estar formalmente identificado como un clase de "kindergarten". |

|  |
| --- |
| (SC2c\_2\_w = 2-8, 99, 11, D, R, OR M) OR (SC2c\_2new\_w = 2-8, D, R, or m) |

SC2c\_2Exit\_w. **Right now we are only looking at children attending Head Start. We do not have any more questions for you now.**

SC2c\_2Exit\_w. **En este momento solamente estamos observando a niños que están asistiendo a Head Start. No tenemos más preguntas para usted ahora, pero le agradezco por su tiempo.**

|  |
| --- |
| PROGRAMMER SKIP BOX SC2c\_2EXITSET DISP = 50 (INELIGIBLE) AND GO TO THANKS. |

|  |
| --- |
| sc2b\_2\_w =1 or sc2c\_2\_w =1 or sc2c\_2new\_w =1  |
| IF SC0\_w =1 (PREVIOUS INTERVIEW WITH THIS RESPONDENT), FILL **As you may remember, the / Como usted quizás recuerda, el**ELSE, FILL **The / El** |
| IF Wave=2 AND PrevInt=0, FILL **When we spoke to parents from [CHILD]’s Head Start program last fall we were unable to interview you. / Cuando hablamos con padres del programa de Head Start de [CHILD] el otoño pasado no tuvimos la oportunidad de entrevistarle.** |

**SampMemb\_w.**

 **Thank you for completing this survey. [As you may remember, the/The] purpose of this study is to learn more about families in the Head Start Program. [When we spoke to parents from [CHILD]’s Head Start program last fall we were unable to interview you.]**

 **We also want to learn more about the program [CHILD] attends. This will help us understand Head Start from a parent’s point of view, including some information about your child’s home environment. Information from this study will be used to help Head Start better serve all children and their families.**

 **Your answers to the survey questions are** **private to the extent permitted by law. Neither your name nor [CHILD]’s name will be attached to any of the information you give us.** **All of the study results will be reported for groups of parents; no results will be analyzed or reported for individuals.** If you **are uncomfortable answering** any questions**, you may skip them and move on to the next question.**

 **Your participation is completely voluntary. If you choose not to complete this survey, it will not affect you or your child’s participation in the Head Start Program or any of the services that you or your child receives. Your answers are very important, so please be as accurate as possible. Occasionally, you may be asked a question that does not apply to you or that you may not want to answer. If that happens, you can move on to the next question.**

 **Gracias por completar esta encuesta. [Como quizás recuerde, el/El] propósito de este estudio es aprender más sobre las familias en el Programa de Head Start. [Cuando hablamos con padres del programa de Head Start de [CHILD] el otoño pasado, no tuvimos la oportunidad de entrevistarle.]**

**También queremos aprender más acerca del programa al que [CHILD] asiste. Esto nos ayudará a entender Head Start del punto de vista de los padres, incluyendo alguna información acerca del entorno familiar de su hijo(a). La información de este estudio será usada para ayudar a Head Start a servir mejor a todos los niños y a sus familias.**

**Sus respuestas a las preguntas de la encuesta son privadas en la medida permitida por la ley. Ni su nombre ni el de [CHILD] se pondrá con la información que usted nos dé. Todos los resultados del estudio serán reportados por grupos de padres; ningún resultado será analizado ni reportado por individuo. Si le incomoda contestar alguna pregunta, puede omitirla y pasar a la siguiente pregunta.**

**Su participación es completamente voluntaria. Si usted elige no completar esta encuesta, eso no le afectará a usted ni a la participación de su hijo(a) en el Programa de Head Start ni encualquier servicio que usted o su hijo(a) recibe. Sus respuestas son muy importantes, así que por favor sea lo más exacto(a) que pueda. Ocasionalmente, es posible que se le haga una pregunta que no le corresponde, o que no desea contestar. Si eso ocurre, puede pasar a la siguiente pregunta.**

|  |
| --- |
| **PROGRAMMER BOX INTRO2****IF Wave=1 (FALL 2019): GO TO SC3\_INTRO****IF Wave=2 (SPRING 2020): GO TO C2** |

|  |
| --- |
| If wave=2 (SPRING 2020) |
| FILL CHILD’S NAME FROM PRELOAD. |
| FILL ProgramName FROM PRELOAD. |
| FILL ProgramCity AND ProgramState FROM PRELOAD. |
| IF CHILD’S PRELOADED SEX = M, FILL **he**; **él**IF CHILD’S PRELOADED SEX = F, FILL **she; ella** IF NO PREVIOUS INTERVIEW, FILL **he or she; él o ella** |

C2\_w. **Is [CHILD] still enrolled in [PROGRAM] in [Program STATE ] or has [he/she/he or she] stopped going to that program?**

C2\_w. **¿Todavía está [CHILD] matriculado(a) en [PROGRAM NAME] in [Program STATE] o [él/ella/él o ella] ha dejado de ir a ese programa?**

YES, [CHILD] IS STILL GOING TO THE SAME

 PROGRAM/ Sí, todavía va al mismo programa 1 GO TO MODE-1

NO, [CHILD] STOPPED GOING TO THAT

HEAD START PROGRAM/

No, dejó de ir a ese programa de Head Start 0 GO TO C9B

|  |
| --- |
| WEB HARD CHECK: IF C2\_w =NO RESPONSE; **You must answer this question to continue with the rest of the survey.** **Usted necesita contestar esta pregunta para continuar con el resto de la encuesta.** |

|  |
| --- |
| C2\_w = 0  |
| FILL CHILD’S NAME FROM PRELOAD. |
| FILL PROGRAM/CENTER NAME FROM PRELOAD. |

C9b\_w. **When did [CHILD] stop going to [PROGRAM]?**

C9b\_w. **¿Cuándo dejó [CHILD] de ir a [PROGRAM]?**

 | | | / | | | / | | | | |

 MONTH DAY YEAR

MES DÍA AÑO

|  |
| --- |
|  BOX C17IF C2\_w =0, GO TO C17\_exit\_w AND SET DISP=50 |

|  |
| --- |
| C2\_w = 0  |
| FILL CHILD’S NAME FROM PRELOAD;  |
| FILL [FallInt\_MonthYear] FROM PRELOAD. |

**C17\_exit\_w. This spring we are only looking at children attending the Head Start program [CHILD] attended as of [**FallInt\_MonthYear**]. We do not have any more questions for you now, but thank you for your time.**

**C17\_exit\_w. Esta primavera solamente estamos observando a niños que están asistiendo al programa de Head Start al que [CHILD] asistía en [**FallInt\_MonthYear**]. No tenemos más preguntas para usted ahora, pero le agradezco por su tiempo.**

NO RESPONSE M GO TO THANKS (DISP=50)

|  |
| --- |
| ALL |

SC3\_intro. CATI: **Before we get started, I would like to make sure we have your name recorded correctly.**

**Antes de empezar, me gustaría asegurarme que tenemos su nombre anotado correctamente.**

WEB: **We would like to make sure we have your name recorded correctly.**

 **Nos gustaría asegurar que tenemos su nombre anotado correctamente.**

|  |
| --- |
| BOX SC3aIF (WAVE=1 OR (Wave=2 AND PrevInt=0)) AND ((Consent\_Parent\_FirstName OR Consent\_Parent\_LastName) NE EMPTY), GO TO SC3. PRELOAD Consent\_Parent\_FirstName AND Consent\_Parent\_LastName.IF WAVE=2 AND PrevInt=1 AND ((RespondentFirstName OR RespondentLastName) NE EMPTY), GO TO SC3. PRELOAD RespondentFirstName AND RespondentLastName.ELSE, IF ((WAVE=1 OR (Wave=2 AND PrevInt=0)) AND (Consent\_Parent\_FirstName OR Consent\_Parent\_LastName=M)) OR (WAVE=2 AND PrevInt=1 AND (RespondentFirstName OR RespondentLastName=M)), GO TO SC3a. |

|  |
| --- |
| if RESPONDENT PRELOADED NAME NE EMPTY (SEE BOX SC3A) |
| IF WAVE=1 OR (WAVE=2 AND PREVINT=0), FILL Consent\_Parent\_FirstName, CONSENT\_PARENT\_mIDDLE, Consent\_Parent\_LastName IF WAVE=2 AND PREVINT=1, FILL FALLRESPONDENT\_FIRSTNAME, FALLRESPONDENT\_MIDDLE, FALLRESPONDENT\_LASTNAME |

**SC3.** CATI: NOTE: READ NAME TO RESPONDENT AND VERIFY SPELLING.

WEB: **Is the correct spelling of your name below?**

 **¿Está su nombre escrito correctamente abajo?**

[DISPLAY PRELOADED FIRST NAME, MIDDLE NAME/INITIAL, LAST NAME]

🔾 Yes, my name is spelled correctly /

Sí, mi nombre está escrito correctamente 1 GO TO SC7

🔾 This is my name, but it is misspelled /

Este es mi nombre, pero está mal escrito 2

🔾 No, this is not my name / No, este no es mi nombre 3

DON’T KNOW d

REFUSED r

|  |
| --- |
| SC3 = 2, 3, M OR RESPONDENT PRELOADED NAME = EMPTY (SEE BOX SC3A) |

SC3a. CATI: **May I have the correct spelling of your name?**

WEB: **Please enter the correct spelling of your name.**

 CATI: ¿Podría decirme la manera correcta de escribir su nombre?

WEB: **Por favor, escriba la forma correcta de su nombre.**

FIRST NAME/ NOMBRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MIDDLE INITIAL/ INICIAL DEL SEGUNDO NOMBRE: \_\_\_\_\_\_\_

LAST NAME/ APELLIDO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW d

REFUSED r

|  |
| --- |
| WEB HARD CHECK: IF SC3a FIRST OR LAST NAME=NO RESPONSE; **You must answer this question to continue with the rest of the survey.** |
| HARD CHECK: IF SC3a=NO RESPONSE; **Usted necesita contestar esta pregunta para continuar con el resto de la encuesta.** |

|  |
| --- |
| WEB ONLY |
| SC3 = 3, M |

**SC3b. What is your telephone number?**

 **¿Cuál es su número de teléfono?**

PROGRAMMER: INSERT PHONE MASK

(\_\_\_) \_\_\_-\_\_\_\_

🔾 Do not have a telephone number / No tengo un número de teléfono 0

NO RESPONSE M

|  |
| --- |
| WEB ONLY |
| SC3 = 3, M |

**SC3c. What is your email address?**

 **Cuál es su correo electrónico?**

 EMAIL

(STRING 50)

🔾 Do not have email / No tengo correo electrónico 0

NO RESPONSE M

|  |
| --- |
| BOX SC7IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT OR BIRTH DATE IS MISSING, GO TO SC7.IF SPRING 2020 AND PREVIOUS INTERVIEW WITH THIS RESPONDENT AND BIRTH DATE IS NOT MISSING, GO TO SC7a. |

{IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT OR BIRTH DATE IS MISSING}

SC7. **What is your birth date?**

**WEB ONLY:** Please enter it below.

{IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT OR BIRTH DATE IS MISSING}

SC7. ¿Cuál es su fecha de nacimiento?

WEB ONLY: **Por favor anótela abajo.**

 | | | / | | | / | | | | |

 MONTH DAY YEAR

MES DÍA AÑO

(RANGE 1923-2003)

DON’T KNOW d

REFUSED r

{IF PREVIOUS INTERVIEW WITH THIS RESPONDENT AND BIRTH DATE IS NOT MISSING}

SC7a. CATI: **Now, I would like to confirm we have your birth date recorded correctly.**

 CATI: Ahora quisiera confirmar que tenemos su fecha de nacimiento anotada correctamente.

|  |
| --- |
| BOX SC7aPRELOAD RESPONDENT’S BIRTH DATE (MONTH/DAY/YEAR) FROM DATABASE |

CATI NOTE: READ BIRTH DATE TO THE RESPONDENT AND VERIFY WHETHER CORRECT

BIRTH DATE CORRECT/

FECHA DE NACIMIENTO CORRECTA 1 CONTINUE

BIRTH DATE INCORRECT/

FECHA DE NACIMIENTO INCORRECTA 2 RECORD CORRECT BIRTH DATE

 | | | / | | | / | | | | |

 MONTH DAY YEAR

MES DÍA AÑO

WEB: **Now, we would like to confirm your birth date. Is your birth date [FallRespondent\_DOB]?**

 **Ahora nos gustaría confirmar su fecha de nacimiento. ¿Es su fecha de nacimiento [FallRespondent\_DOB]?**

🔾 Yes / Sí 1

🔾 No 2

DON’T KNOW d

REFUSED r

|  |
| --- |
| sc7a = 2 |

**SC7b. What is your birth date?**

 **¿Cuál es su fecha de nacimiento?**

WEB ONLY: **Please enter it below. / Por favor anótela abajo.**

| | | / | | | / | | | | |

MONTH DAY YEAR

MES DÍA AÑO

(RANGE 1923-2003)

|  |
| --- |
| BOX SC7IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT, ASK SC8 – SC8a.IF SPRING 2020 AND PREVIOUS INTERVIEW WITH THIS RESPONDENT, GO TO BOX SC9. |

{SC8 THROUGH SC8a ONLY IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT, OTHERWISE GO TO BOX SC9}

SC8. CATI: **Now, I would like to make sure we have [CHILD]’s name recorded correctly.**

 CATI: **Ahora me gustaría asegurarme que tenemos el nombre de [CHILD] anotado correctamente.**

NOTE: READ NAME TO RESPONDENT AND VERIFY SPELLING

WEB: **Now, we would like to make sure we have the correct spelling of your child’s name. Is the information below correct?**

 **Ahora nos gustaría asegurar que tenemos el nombre de [CHILD] anotado correctamente. ¿Es correcta la información de abajo?**

FIRST NAME/ NOMBRE: [FILL]

MIDDLE NAME/INITIAL/ SEGUNDO NOMBRE/INICIAL: [FILL]

LAST NAME/ APELLIDO: [FILL]

|  |
| --- |
| BOX SC8aPRELOAD CHILD’S FIRST NAME, MIDDLE NAME/INITIAL,LAST NAME FROM DATABASE |

🔾 Yes / Sí 1 GO TO SC9

🔾 No 0

DON’T KNOW d

REFUSED r

{IF SC8 = 0 or M}

SC8a. CATI: May I have the correct spelling of [CHILD]’s name?

 CATI: ¿Puede decirme la manera correcta de escribir el nombre de [CHILD]?

WEB: **What is the correct spelling of your child’s name? Please enter it below.**

 **¿Cuál es la forma correcta de escribir el nombre de su hijo(a)? Por favor anótela abajo.**

FIRST NAME/ NOMBRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MIDDLE INITIAL/ INICIAL DEL SEGUNDO NOMBRE: \_\_\_\_\_\_\_

LAST NAME/ APELLIDO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX SC9IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT, ASK SC9.IF SPRING 2020 AND PREVIOUS INTERVIEW WITH THIS RESPONDENT AND SC9 WAS NOT COLLECTED IN PREVIOUS ROUND, ASK SC9.IF SPRING 2020 AND PREVIOUS INTERVIEW WITH THIS RESPONDENT AND SC9 WAS COLLECTED, GO TO BOX SC9a. |

{FALL 2019 OR NO PREVIOUS INTERVIEW WITH RESPONDENT OR SC9 NOT COLLECTED IN PREVIOUS ROUND}

SC9. **What is your relationship to [CHILD]?**

 **¿Cuál es su parentesco o relación (familiar) con [CHILD]?**

CATI: INTERVIEWER NOTE: A HELP SCREEN IS AVAILABLE WITH RELATIONSHIP DEFINITIONS.

 WEB: (Click here for definitions of relationship options.)

 (Haga clic aquí para las definiciones de opciones de parentesco.)

 CODE ONLY ONE

BIOLOGICAL MOTHER/ MADRE BIOLÓGICA 11

BIOLOGICAL FATHER/ PADRE BIOLÓGICO 12

ADOPTIVE MOTHER/ MADRE ADOPTIVA 13

ADOPTIVE FATHER/ PADRE ADOPTIVO 14

STEPMOTHER/ MADRASTRA 15

STEPFATHER/ PADRASTRO 16

GRANDMOTHER/ ABUELA. 17

GRANDFATHER/ ABUELO 18

GREAT GRANDMOTHER/ BISABUELA 19

GREAT GRANDFATHER/ BISABUELO 20

SISTER/STEPSISTER/ HERMANA/

HERMANASTRA 21

BROTHER/STEPBROTHER/ HERMANO/

HERMANASTRO 22

OTHER RELATIVE OR IN-LAW (FEMALE)/ OTRO

PARIENTE O FAMILIAR POLÍTICO (MUJER) 23

OTHER RELATIVE OR IN-LAW (MALE)/ OTRO

PARIENTE O FAMILIAR POLÍTICO (HOMBRE) 24

FOSTER PARENT (FEMALE)/

MADRE DE CRIANZA (*FOSTER MOTHER*) 25

FOSTER PARENT (MALE)/

PADRE DE CRIANZA (*FOSTER FATHER*). 26

OTHER NON-RELATIVE (FEMALE)/

OTRA MUJER QUE NO ES PARIENTE 27

OTHER NON-RELATIVE (MALE)/

OTRO HOMBRE QUE NO ES PARIENTE 28

PARENT’S PARTNER (FEMALE)/

PAREJA (DE LE MADRE/DEL PADRE) (MUJER) 29

PARENT’S PARTNER (MALE)/

PAREJA (DE LA MADRE/DEL PADRE) (HOMBRE) 30

DON’T KNOW d

REFUSED r

|  |
| --- |
| [PROGRAMMER: MAKE TEXT AVAILABLE ON HELP SCREEN THAT OPENS IN SEPARATE WINDOW:]Biological Mother: Child's female biological parent. This may be the birth mother, but could also apply to a mother who used a surrogate mother to have her biological child. Biological Father: Child's male biological parent. This could also apply to a father who used a surrogate mother to have his biological child.Adoptive Mother: The female who has taken the child into her own family by legal process to raise as her own child.Adoptive Father: The male who has taken the child into his own family by legal process to raise as his own child. Step Mother: The female other than the child's mother who is married to the child's father.Step Father: The male other than the child's father who is married to the child's mother. Foster Parent (Female): The female with whom the child is placed temporarily, usually through a social service agency and/or a court.Foster Parent (Male): The male with whom the child is placed temporarily, usually through a social service agency and/or a court. Parent’s Partner (Female): The female who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship. Parent’s Partner (Male): The male who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship. |
| Madre biológica o madre natural la madre que dio a luz al niño. Ésta puede ser la madre que le dio a luz, pero también podría aplicar a una madre que usó una madre de alquiler para tener su hijo biológico.Padre biológico o padre natural: el padre biológico del niño. Éste también podría aplicar a un padre que usó una madre de alquiler para tener su hijo biológico.Madre adoptiva: La mujer que ha traído al niño a su propia familia por un proceso legal para criarlo como su propio hijo.Padre adoptivo: El hombre que ha traído al niño a su propia familia por un proceso legal para criarlo como su propio hijo.Madrastra: La mujer que no es la madre del niño que está casada con el padre del niño.Padrastro: El hombre que no es el padre del niño que está casado con la madre del niño.Madre de crianza (Foster mother): La mujer con quien el niño ha sido colocado temporalmente, generalmente por medio de una agencia de servicios sociales y/o una corte.Padre de crianza (Foster father): El hombre con quien el niño ha sido colocado temporalmente, generalmente por medio de una agencia de servicios sociales y/o una corte. Pareja (del padre/de la madre) (mujer): La mujer que tiene una relación “de pareja” con uno de los padres o tutores del niño. “Viviendo como casados” es otra manera de describir la relación.Pareja (de la madre/ del padre) (hombre): El hombre que tiene una relación “de pareja” con uno de los padres o tutores del niño. “Viviendo como casados” es otra manera de describir la relación. |

|  |
| --- |
| BOX SC9aIF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT, ASK SC9a – SC11.IF SPRING 2020 AND PREVIOUS INTERVIEW WITH THIS RESPONDENT, GO TO VERSION BOX A. |

{PROGRAMMER NOTE: HIDE SC9a and SC9b IF ANSWERED IN ANY PREVIOUS INTERVIEW}

{IF SC9 = 12, 14-30, d, r}

SC9a. What is the first name of [CHILD]’s biological mother?

{PROGRAMMER NOTE: HIDE SC9a and SC9b IF ANSWERED IN ANY PREVIOUS INTERVIEW}

{IF SC9 = 12, 14-30, d, r}

SC9a. ¿Cuál es el nombre de la madre biológica de [CHILD]?

FIRST NAME/ NOMBRE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW d

REFUSED r

{IF SC9 = 11, 13, 15-30, d, r}

SC9b. What is the first name of [CHILD]’s biological father?

{IF SC9 = 11, 13, 15-30, d, r}

SC9b. ¿Cuál es el nombre del padre biológico de [CHILD]?

 FIRST NAME/ NOMBRE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW d

REFUSED r

{IF SC9 = 17-30, d, r}

SC10. Are you [CHILD]’s legal guardian?

{IF SC9 = 17-30, d, r}

SC10. ¿Es usted (el/la) guardián(a) legal de [CHILD]?

YES/SÍ 1 GO TO VERSION BOX A

NO 0

DON’T KNOW d

REFUSED r

{IF SC10 = 0, d, r}

SC11. CATI: Who is [CHILD]’s legal guardian?

 CATI: ¿Quién es el guardián legal de [CHILD]?

WEB: **Please enter the name, address, and phone number of [CHILD]’s legal guardian.**

**Por favor anote el nombre, la dirección y número de teléfono del tutor legal de [CHILD].**

First Name:

Middle Initial:

Last Name:

Street Address 1:

Street Address 2:

City:

State:

Zip:

 TELEPHONE

(\_\_\_) \_\_\_-\_\_\_\_

Nombre: (STRING 50)

 Inicial del segundo nombre: (STRING 1)

 Apellido: (STRING 50)

 Dirección 1: (STRING 50)

 Dirección 2: (STRING 50)

 Cuidad: STRING 50)

Estado: (STRING 2)

 Código postal: (STRING 9)

Teléfono:

DON’T KNOW d

REFUSED r

|  |
| --- |
| **A. ABOUT YOUR CHILD** |

|  |
| --- |
| VERSION BOX AASK A1-A11 THE FIRST TIME THE FAMILY IS INTERVIEWED (FALL 2019 OR NO PREVIOUS INTERVIEW). IF PREVIOUS INTERVIEW, CHECK MISSING FLAGS:IF SEX IS MISSING, ASK A1, THEN GO TO B1.IF BIRTH DATE IS MISSING OR CONFLICTS, ASK A2, THEN GO TO B1.IF SEX IS MISSING AND BIRTH DATE IS MISSING OR CONFLICTS, ASK A1 AND A2, THEN GO TO A3. |

{FALL 2019 OR NO PREVIOUS INTERVIEW OR SEX = MISSING}

A1. CONFIRM OR ASK: **Is [CHILD] a boy or a girl?**

{FALL 2019 OR NO PREVIOUS INTERVIEW OR SEX = MISSING}

A1. CONFIRM OR ASK: **¿Es [CHILD] niño o niña?**

 BOY/ NIÑO 2

 GIRL/ NIÑA.. 1

 DON’T KNOW d

 REFUSED r

{FALL 2019 OR NO PREVIOUS INTERVIEW OR BIRTHDAY = MISSING}

A2. **What is [CHILD]’s birth date?**

{FALL 2019 OR NO PREVIOUS INTERVIEW OR BIRTHDAY = MISSING}

A2. **¿En qué fecha nació [CHILD]?**

WEB ONLY: Please enter it below. / Por favor escríbala abajo.

 | | | / | | | / | | | | |

 MONTH DAY YEAR

MES DÍA AÑO

(YEAR RANGE 2013-2018)

DON’T KNOW d

REFUSED r

{FALL 2019 OR NO PREVIOUS INTERVIEW, CONTINUE, ELSE GO TO B1}

A3. **Is [CHILD] of Spanish, Hispanic, or Latino origin?**

{FALL 2019 OR NO PREVIOUS INTERVIEW, CONTINUE, ELSE, GO TO B1}

A3. **¿Es [CHILD] de origen español, hispano o latino?**

YES/SÍ 1

NO 0

GO TO A5

DON’T KNOW d

REFUSED r

{IF A3 = 1}

A4. **Which one of these best describes [CHILD]’s Spanish, Hispanic, or Latino origin? Would you say…**

 NOTE: IF MORE THAN ONE, CODE AS OTHER

**Mexican, Mexican American, Chicano,** 1

**Puerto Rican,** 2

**Cuban, or** 3

**Some other Spanish/Hispanic/**

**Latino group?** (SPECIFY) 4

DON’T KNOW d

REFUSED r

{IF A3 = 1}

A4. **¿Cuál de estos grupos describe mejor el origen español, hispano o latino de [CHILD]? ¿Diría que…**

 NOTE: IF MORE THAN ONE, CODE AS OTHER

**Mexicano(a), Mexicano-americano(a),**

**Chicano(a),** 1

**Puertorriqueño(a),** 2

**Cubano, o** 3

**De otro grupo español/**

**hispano/latino?** (SPECIFY) 4

DON’T KNOW d

REFUSED r

A5. CATI: **What is [CHILD]’s race? You may name more than one if you like.**

NOTE: IF PARENT ANSWERS “Hispanic” PROBE: **Would that be white Hispanic or black Hispanic?**

NOTE: IF PARENT ANSWERS “Hispanic” AGAIN PUT RESPONSE IN OTHER CATEGORY

WEB: **What is [CHILD]’s race? Select one or more.**

A5.CATI: **¿Cuál es la raza de [CHILD]? Usted puede decir más de una si desea.**

NOTE: IF PARENT ANSWERS “Hispanic” PROBE: **¿Eso sería hispano blanco o hispano negro?**

NOTE: IF PARENT ANSWERS “Hispanic” AGAIN PUT RESPONSE IN OTHER CATEGORY

WEB: **¿Cuál es la raza de [CHILD]? Seleccione una o más.**

 Select one or more Seleccione una o más

WHITE/ BLANCA 11

BLACK OR AFRICAN AMERICAN/ NEGRA O

AFROAMERICANA 12

AMERICAN INDIAN OR ALASKA NATIVE/ INDIO AMERICANO

O NATIVO DE ALASKA 13

ASIAN INDIAN/ INDIO ASIÁTICO 14

CHINESE/ CHINO 15

FILIPINO/ FILIPINO 16

JAPANESE/ JAPONÉS 17

KOREAN/ COREANO 18

VIETNAMESE/ VIETNAMITA 19

OTHER ASIAN (FOR EXAMPLE, HMONG, LAOTIAN, THAI,

PAKISTANI, CAMBODIAN, AND SO ON)/ OTRA ASIÁTICA (POR

EJEMPLO, HMONG, LOATA, TAI, PAKISTANI, CAMBOYANO,

 Y OTROS) 20

NATIVE HAWAIIAN/ NATIVO HAWAIANO 21

GUAMANIAN OR CHAMORRO/GUAMANIANO O CHAMORRO 22

SAMOAN/ SAMOAN 23

OTHER PACIFIC ISLANDER (SPECIFY – FOR EXAMPLE,

FIJIAN, TONGAN, AND SO ON)/ DE OTRAS ISLAS DEL

PACÍFICO (ESPECIFIQUE, POR EJEMPLO, FIJIANO, TOGANO,

Y OTROS) 24

ANOTHER RACE (SPECIFY)/

Otra raza (especifique) 25

Please specify other race.

Por favor especifique otra raza.

DON’T KNOW d

REFUSED r

NO A6 TO A7 THIS VERSION

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

A8. **Early Head Start is a program designed to provide services to enhance development of children from birth to three years of age.**

**Did [CHILD] participate in Early Head Start?**

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

A8. **Early Head Start es un programa diseñado para proporcionar servicios para realzar el desarrollo de niños desde su nacimiento hasta la edad de tres años.**

**¿Participó [CHILD] en Early Head Start?**

YES/Sí 1

NO 0

GO TO SECTION B

DON’T KNOW d

REFUSED r

{IF A8 = 1}

A9. How long was (he/she) in Early Head Start?

{IF A8 = 1}

A9. ¿Por cuánto tiempo estuvo (él/ella) en Early Head Start?

| | | YEARS/AÑO | | | MONTHS/MES

 (0-5) (0-12)

DON’T KNOW d

REFUSED r

{IF A8 = 1}

A11. **Was [CHILD]’s Early Head Start center the same location as (his/her) current Head Start center?**

A11. **¿Era el centro de Early Head Start de [CHILD] el mismo que su centro de Head Start actual?**

YES/Sí 1

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| **B. ABOUT HOUSEHOLD** |

NO B1 TO B2 IN THIS VERSION

|  |
| --- |
| PROGRAMMER NOTE: THE FOLLOWING POINTS PROVIDE AN OVERVIEW OF HOW THE HOUSEHOLD GRID LOOPS OPERATES:1. THE GRID LOOPS OPERATE IDENTICALLY FOR FIRST AND LATER ADMINISTRATIONS. 2. THE FIRST “ROW” (b3\_1) IS ALWAYS FOR THE FOCUS CHILD and second (b3\_2) is for the respondent. THE DATA ARE IMPUTED FROM THE SCREENER as follows:a. child: First name = sc8 or sc8a; age = a2; relationship = n/ab. r: first name = sc3 or sc3a; age = sc7 or sc7a; relationship = sc93. AT BOTH ADMINISTRATIONS, INTERVIEWERS WILL ASK FOR AND ENTER INFORMATION ABOUT ALL HOUSEHOLD MEMBERS OTHER THAN A FEW PIECES OF PRELOADED INFORMATION ABOUT THE CHILD AND RESPONDENT.4. LOOP RANGE to 15. |

|  |
| --- |
| ALL |
| FILL CHILD’S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD |

**B3a. Besides yourself and [CHILD], does anyone normally live in your household? This would include anyone who usually lives there who is temporarily away from home for work or military duty, or living in a dorm in school.**

**Además de usted y [CHILD], ¿hay alguien que normalmente vive en su hogar? Esto incluiría a cualquier persona que normalmente vive allí y que temporalmente está lejos de casa por trabajo u obligación militar, o que está viviendo en un dormitorio en la escuela.**

🔾 Yes / Sí 1 GO TO B3\_FN

🔾 No 0 GO TO D1

|  |
| --- |
| WEB HARD CHECK: IF B3A=NO RESPONSE; **You must answer this question to continue with the rest of the survey.** **Usted necesita contestar esta pregunta para continuar con el resto de la encuesta.** |

**LOOP 1: HOUSEHOLD NAMES**

IF WAVE=1 OR 2

PROGRAMMER: Please add WEB SOFT CHECK: IF MoreHH1=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

**Por favor proporcione una respuesta a esta pregunta y continúe. Para continuar a la siguiente pregunta sin proporcionar una respuesta, haga clic en el botón “Siguiente”.**

|  |  |
| --- | --- |
|  | PERSON |
| PROGRAMMER: FOR WEB, IF B3\_FN\_3, FILL “FIRST”; IF B3\_FN\_4-15, FILL “NEXT”PROGRAMMER: GRAY QUESTION TEXT AFTER B3\_3 (OR AFTER FIRST LOOP, SINCE CHILD AND R ARE B3\_1 AND \_2)**B3\_FN.** CATI: **Please tell me the first names of all the other people, besides yourself and [CHILD], who normally live in your household. Please do not include anyone staying there temporarily who usually lives somewhere else.** **Por favor dígame los nombres (sin apellidos) de todas las otras personas, además de usted y [CHILD], que normalmente viven en su hogar. Por favor no incluya ninguna persona quedándose allí temporalmente y que generalmente vive en otro lugar.**PROBE: **Please tell me who else lives here. / Por favor dígame quién más vive aquí.**PROBE: IF B3 NAME REPORTED MATCHES RESPONDENT’S NAME, CONFIRM WHO IS BEING DISCUSSED: **Just to clarify, are we talking about you, or someone else? / Sólo para clarificar, ¿estamos hablando de usted o de otra persona?** WEB: **Please enter the first name of the [first/next] person, besides yourself and [CHILD], who normally lives in your household. *Please do not include anyone staying there temporarily who usually lives somewhere else.*** **Por favor escriba el nombre (sin apellidos) de la [primera/próxima] persona, además de usted y [CHILD], que normalmente vive en su hogar. *Por favor no incluya ninguna persona quedándose allí temporalmente y que generalmente vive en otro lugar.***PROGRAMMER:WEB: [SOFT EDIT] IF B3\_#\_NAME = B3\_2\_NAME (REPSONDENT NAME): **This name is the same as yours. Please do not include yourself in the list. / Este nombre es el mismo que el suyo. Por favor no se incluya en la lista.**WEB/CATI: [HARD CHECK] IF B3\_#\_NAME = BLANK: **Please provide an answer to this question so we can refer to this person later. If you’d prefer, you can use this person’s initials. / Por favor responda a esta pregunta para poder referirnos a esta persona más adelante. Si lo prefiere, puede usar las iniciales de esta persona.** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME (STRING 50) |
| PROGRAMMER: GRAY QUESTION TEXT AFTER MoreHH1\_3 (OR AFTER FIRST LOOP, SINCE CHILD AND R ARE SPOTS \_1 AND \_2)**MoreHH1. Is there anyone else in your household? This could be your spouse or partner, another relative, or any babies or small children.** **¿Hay alguien más en su hogar? Esto puede ser su cónyuge o pareja, otro pariente o cualquier bebé o niño pequeño.****[List all B3\_3\_Name reported]** | YES… 1NO… 0DON’T KNOW… dREFUSED… rNO RESPONSE… MIF MoreHH1 = 1, LOOP B3 NAMES UNTIL MOREHH1 = 0, D, R, OR M.WHEN MOREHH1= 0, D, R, OR M. GO TO B4. |

LOOP 2: HOUSEHOLD AGES AND RELATIONSHIPS

IF WAVE=1 OR 2

PROGRAMMER: Please add WEB SOFT CHECK: IF B4, B5, B5a1, B5a2, OR B5a3=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

**Por favor proporcione una respuesta a esta pregunta y continúe. Para continuar a la siguiente pregunta sin proporcionar una respuesta, haga clic en el botón “Siguiente”.**

|  |  |
| --- | --- |
|  | PERSON |
| IF B3\_#\_Name NE 0, d, r, or m (name reported at B3)IF Wave=1, fill **[Fall\_B3\_#\_Name]**IF Wave=2, fill **[Spring\_B3\_#\_Name]****B4. How old is [Fall\_B3\_#\_Name/Spring\_B3\_#\_Name]?** **Qué edad tiene [Fall\_B3\_#\_Name/Spring\_B3\_#\_Name]?**CATI: INTERVIEWER NOTE: IF CHILD IS LESS THAN ONE YEAR OLD, RECORD AS 0.WEB: ***If a child is less than one year old, please enter “0” for the age.*** ***Si el niño es menor de un año de edad, por favor escriba "0" para la edad.*** | \_\_\_\_\_\_\_ YEARS (RANGE 0-110)DON’T KNOW… dREFUSED… rNO RESPONSE… M |
| IF (B3\_#\_Name NE 0, d, r, or m) AND (B4 GT or = 18)IF Wave=1, fill **[Fall\_B3\_#\_Name]**IF Wave=2, fill **[Spring\_B3\_#\_Name]**FILL CHILD’S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD**B5. What is [Fall\_B3\_#\_Name/Spring\_B3\_#\_Name]’s relationship to [CHILD]?** **¿Qué parentesco o relación (familiar) tiene [Fall\_B3\_#\_Name/Spring\_B3\_#\_Name] con [CHILD]?** CATI: INTERVIEWER NOTE: A HELP SCREEN IS AVAILABLE WITH RELATIONSHIP DEFINITIONS.WEB: **(Click here for definitions of relationship options.)** **(Haga clic aquí para las definiciones de opciones de parentesco.)**PROGRAMMER: Include hyperlink to Help Screen that opens in a separate window. See Help Text Box below Loop 2 table. | *Select one only / Seleccione sólo una*Biological or adoptive mother / Madre biológica o adoptiva …………1 GO TO B5a1Biological or adoptive father / Padre biológico o adoptivo …………2 GO TO B5a2Stepmother / Madrastra …………… 3Stepfather / Padrastro ………………4Grandmother / Abuela ………………5Grandfather / Abuelo…………………6Great grandmother / Bisabuela……..7Great grandfather / Bisabuelo ………8Sister/stepsister / Hermana/hermanastra ……………… 9Brother/stepbrother / Hermano/hermanastro………………10Other relative or in‑law (female) / Otro pariente o familiar político (mujer) …… 11Other relative or in‑law (male) / Otro pariente o familiar político (hombre) ……12Foster parent (female) / Madre de crianza (Foster mother)……………13Foster parent (male) /Padre de crianza (Foster father) ……………14Other non-relative (female) / Otra mujer que no es pariente ……………15 GO TO B5a3Other non-relative (male) / Otro hombre que no es pariente …………16 GO TO B5a3Parent’s partner (female) / Pareja (de la madre/del padre) (mujer)……………… 17Parent’s partner (male) / Pareja (de la madre/del padre) (hombre)………………… 18DON’T KNOW………………………… DREFUSED …………………………… rNO RESPONSE ………………………MIF ((B5=3-14, 17-18, d, r, m) AND (NEXT B3\_#\_NAME slot NE 0, d, r, m)), GO TO B4. IF ((B5=3-14, 17-18, d, r, m) AND (NEXT B3\_#\_NAME slot = 0, d, r, m)), GO TO B8a.  |
| IF B5=1IF Wave=1, fill **[Fall\_B3\_#\_Name]**IF Wave=2, fill **[Spring\_B3\_#\_Name]**FILL CHILD’S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD**B5a1. Is [Fall\_B3\_#\_Name/Spring\_B3\_#\_Name] [CHILD]’s…** **¿[Es [Fall\_B3\_#\_Name/Spring\_B3\_#\_Name]…**CATI: INTERVIEWER NOTE: A HELP SCREEN IS AVAILABLE WITH DEFINITIONS.CATI: INTERVIEWER NOTE: IF THE RESPONDENT STATES SOMETHING OTHER THAN BIOLOGICAL, BIRTH, OR ADOPTIVE MOTHER GO BACK TO B5 AND UPDATE RELATIONSHIP.WEB: (Click here for definitions of biological or birth mother and adoptive mother.) (Haga clic aquí para las definiciones de madre biológica o natural y madre adoptiva.)PROGRAMMER: Include hyperlink to Help Screen that opens in a separate window. See Help Text Box below Loop 2 table. | *Select one only / Seleccione sólo una***Biological or birth mother or /** **la madre biológica o natural o** ……… 1**adoptive mother? /** **madre adoptivade [CHILD]?** …………2DON’T KNOW………………………… DREFUSED …………………………… rNO RESPONSE ………………………MIF NEXT B3\_#\_NAME slot NE 0, d, r, m, GO TO B4. IF NEXT B3\_#\_NAME slot = 0, d, r, m, GO TO B8a.  |
| IF B5=2IF Wave=1, fill **[Fall\_B3\_#\_Name]**IF Wave=2, fill **[Spring\_B3\_#\_Name]**FILL CHILD’S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD**B5a2. Is [Fall\_B3\_#\_Name/Spring\_B3\_#\_Name] [CHILD]’s…** **¿[Es [Fall\_B3\_#\_Name/Spring\_B3\_#\_Name]…**CATI: INTERVIEWER NOTE: A HELP SCREEN IS AVAILABLE WITH DEFINITIONS.CATI: INTERVIEWER NOTE: IF THE RESPONDENT STATES SOMETHING OTHER THAN BIOLOGICAL, BIRTH, OR ADOPTIVE FATHER GO BACK TO B5 AND UPDATE RELATIONSHIP.WEB: (Click here for definitions of biological or birth father and adoptive father.) (Haga clic aquí para las definiciones de padre biológico o natural y padre adoptivo.)PROGRAMMER: Include hyperlink to Help Screen that opens in a separate window. See Help Text Box below Loop 2 table. | *Select one only Seleccione sólo una***biological or birth father or /****el padre biológico o natural o** ………… 1**adoptive father? /****padre adoptivode [CHILD]?** ………… 2DON’T KNOW………………………… DREFUSED …………………………… rNO RESPONSE ………………………MIF NEXT B3\_#\_NAME slot NE 0, d, r, m, GO TO B4. IF NEXT B3\_#\_NAME slot = 0, d, r, m, GO TO B8a.  |
| IF B5=15 or 16IF Wave=1, fill **[Fall\_B3\_#\_Name]**IF Wave=2, fill **[Spring\_B3\_#\_Name]**FILL CHILD’S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD**B5a3.** CATI: INTERVIEWER NOTE: CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE.CATI INTERVIEWER NOTE: A HELP SCREEN IS AVAILABLE WITH DEFINITIONS.WEB: **How is [B3\_NAME] related to [CHILD]?** **¿Cómo está [B3\_NAME] relacionado(a) con [CHILD]?**(Click here for more information about the relationships listed below.) (Haga clic aquí para las definiciones de parentesco listadas abajo.)PROGRAMMER: Include hyperlink to Help Screen that opens in a separate window. See Help Text Box below Loop 2 table. | *Select one only Seleccione sólo una*Girlfriend or female partner of [CHILD]’s parent/guardian / Novia o pareja (mujer) de uno de los padres o tutores de [CHILD] ……………………………… 1Boyfriend or male partner of [CHILD]’s parent/guardian / Novio o pareja (hombre) de uno de los padres o tutores de [CHILD] ……………………………… 2Female guardian / Tutor femenino………… 3Male guardian / Tutor masculino………… 4Daughter/Son of [CHILD]'s parent’s partner / Hija/Hijo de la pareja de uno de los padres de [CHILD] ………………………………………… 5Other relative of [CHILD]'s parent’s partner / Otro pariente de la pareja de uno de los padres de [CHILD] ………………………………………… 6DON’T KNOW………………………… DREFUSED …………………………… rNO RESPONSE ………………………MIF NEXT B3\_#\_NAME slot NE 0, d, r, m, GO TO B4. IF NEXT B3\_#\_NAME slot = 0, d, r, m, GO TO B8a.  |

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| B5: HELP TEXT BOXPROGRAMMER: MAKE TEXT AVAILABLE ON HELP SCREEN THAT OPENS IN SEPARATE WINDOW:Biological Mother: Child's female biological parent. This may be the birth mother, but could also apply to a mother who used a surrogate mother to have her biological child. Biological Father: Child's male biological parent. This could also apply to a father who used a surrogate mother to have his biological child.Adoptive Mother: The female who has taken the child into her own family by legal process to raise as her own child.Adoptive Father: The male who has taken the child into his own family by legal process to raise as his own child. Step Mother: The female other than the child's mother who is married to the child's father.Step Father: The male other than the child's father who is married to the child's mother. Foster Parent (Female): The female with whom the child is placed temporarily, usually through a social service agency and/or a court.Foster Parent (Male): The male with whom the child is placed temporarily, usually through a social service agency and/or a court. Parent’s Partner (Female): The female who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship. Parent’s Partner (Male): The male who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.Madre biológica o madre natural: la mujer que dio a luz al niño. Ésta puede ser la madre que le dio a luz, pero también podría aplicar a una madre que usó una madre de alquiler para tener su hijo biológico.Padre biológico o padre natural: el padre biológico del niño. Éste también podría aplicar a un padre que usó una madre de alquiler para tener su hijo biológicoMadre adoptiva: La mujer que ha traído al niño a su propia familia por un proceso legal para criarlo como su propio hijo.Padre adoptivo: El hombre que ha traído al niño a su propia familia por un proceso legal para criarlo como su propio hijo.Madrastra: La mujer que no es la madre del niño que está casada con el padre del niño.Padrastro: El hombre que no es el padre del niño que está casado con la madre del niño.Madre de crianza (*Foster mother*): La mujer con quien el niño ha sido colocado temporalmente, generalmente por medio de una agencia de servicios sociales y/o una corte.Padre de crianza (*Foster father*): El hombre con quien el niño ha sido colocado temporalmente, generalmente por medio de una agencia de servicios sociales y/o una corte. Pareja (del padre/de la madre) (mujer): La mujer que tiene una relación “de pareja” con uno de los padres o tutores del niño. “Viviendo como casados” es otra manera de describir la relación.Pareja (de la madre/ del padre) (hombre): El hombre que tiene una relación “de pareja” con uno de los padres o tutores del niño. “Viviendo como casados” es otra manera de describir la relación. |

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| B5A1: HELP TEXT BOXPROGRAMMER: HELP SCREEN SHOULD POP UP IN A SEPARATE WINDOW.Biological or Birth Mother: Child's female biological parent. This may be the birth mother, but could also apply to a mother who used a surrogate mother to have her biological child. Adoptive Mother: The female who has taken the child into her own family by legal process to raise as her own child.Madre biológica o madre natural: la mujer que dio a luz al niño. Ésta puede ser la madre que le dio a luz, pero también podría aplicar a una madre que usó una madre de alquiler para tener su hijo biológico.Madre adoptiva: La mujer que ha traído al niño a su propia familia por un proceso legal para criarlo como su propio hijo. |

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| B5A2: HELP TEXT BOXPROGRAMMER: HELP SCREEN SHOULD POP UP IN A SEPARATE WINDOW.Biological or Birth Father: Child's male biological parent. This could also apply to a father who used a surrogate mother to have his biological child.Adoptive Father: The male who has taken the child into his own family by legal process to raise as his own child. Padre biológico o padre natural: el padre biológico del niño. Éste también podría aplicar a un padre que usó una madre de alquiler para tener su hijo biológico.Padre adoptivo: El hombre que ha traído al niño a su propia familia por un proceso legal para criarlo como su propio hijo. |

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| B5A3: HELP TEXT BOXPROGRAMMER: HELP SCREEN SHOULD OPEN IN A SECOND WINDOW.Girlfriend or Female Partner of CHILD's Parent/Guardian: The female who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship. Boyfriend or Male Partner of CHILD's Parent/Guardian: The male who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.Female Guardian: The female legally placed in charge of the affairs of the child. Male Guardian: The male legally placed in charge of the affairs of the child. Daughter/son of CHILD's Parent's Partner: The child of the person who has a "partner-like" relationship with one of the child's parents or guardians. Other Relative of CHILD's Parent's Partner: Some other relative of the person who has a "partner-like" relationship with one of the child's parents or guardians. Other Non-relative: If one of the codes for non-relative above does not better describe the relationship of the person to the child, and there is no family relationship through blood, marriage, adoption, or partnership (i.e., living together as married), use this code. Novia o pareja (mujer) de uno de los padres o tutores de [CHILD]: La mujer que tiene una “relación de pareja” con uno de los padres o tutores del niño. “Viviendo como casados” es otra forma de describir la relaciónNovio o pareja (hombre) de uno de los padres o tutores de [CHILD]: El hombre que tiene una “relación de pareja” con uno de los padres o tutores del niño. “Viviendo como casados” es otra forma de describir la relación.Tutor (mujer): La mujer que ha sido legalmente puesta a cargo de los asuntos del niño.Tutor (hombre): El hombre que ha sido legalmente puesto a cargo de los asuntos del niño.Hija/hijo de la pareja de uno de los padres de [CHILD]: El hijo o la hija de la persona que tiene una “relación de pareja” con uno de los padres o tutores del niño.Otro pariente de la pareja de unos de los padres de [CHILD]: Algún otro pariente de la persona que tiene una “relación de pareja” con uno de los padres o tutores del niño.Otra persona que no es pariente: si ninguno de los códigos de arriba para personas que no son parientes describe mejor la relación de la persona con el niño, y no hay relación de parentesco por sangre, matrimonio, adopción o vida conyugal (por ejemplo; viviendo juntos como casados), use este código.  |

PROGRAMMER NOTE: LOAD NAMES OF ALL ADULTS IN THE HOUSEHOLD

PROGRAMMER NOTE: CALCULATE AGE OF ALL RESPONDENTS IN HOUSEHOLD. BUILD VARIABLES:

1. OnlyChild: If the focal child is the only child in the HH (where no other members are less than or equal to 18), OnlyChild=1. If there are additional children in the HH, where other HH members (beside focal child) age is less than or equal to 18, OnlyChild=0.

2. OnlyAdult: If the respondent is the only adult in the HH (where no other members are greater than 17), OnlyAdult=1. If there are additional adults in the HH, where other HH members (beside respondent) age is greater than 17, OnlyAdult=0.

|  |
| --- |
| If (B3\_3\_Name OR HIGHER NE EMPTY) AND (B4 GT or = 18) |

**B8a. Do you have a spouse or partner who lives in this household?**

 **¿Tiene usted un(a) esposo(a) o pareja que vive en este hogar?**

 [List of B3\_#\_Name, NOT including B3\_1\_Name (child) and B3\_2\_Name (respondent)]

* Yes / Sí 1
* No 0

DON’T KNOW d

REFUSED r

NO RESPONSE M

|  |
| --- |
| IF B8a = 1 |

**B8b Who in the household is your spouse or partner?**

 **¿Quién en el hogar es su esposo(a) o pareja?**

 **[List of B3\_#\_Name, NOT including B3\_1\_Name (child) and B3\_2\_Name (respondent)]**

CATI ONLY: INTERVIEWER NOTE: SELECT NAME OF PERSON WHO IS [RESPONDENT]'S SPOUSE/PARTNER.

|  |
| --- |
| BOX B9ONLY ASK B9 AND B10 IF RESPONDENT IS BIO/ADOPTIVE/STEPPARENT AND THERE IS ANOTHER BIO/ADOPTIVE/STEPPARENT IN THE HOUSEHOLD, REGARDLESS OF SEX. FILL WITH NAME OF OTHER PARENT IN HOUSEHOLD. |

{IF PRE-LOADED RELATIONSHIP TO CHILD IS ONE OF THESE: BIO/ADOPTIVE MOTHER, BIO/ADOPTIVE FATHER, STEP-MOTHER/FATHER OR IF SC9= 11, 12, 13, 14, 15, 16 AND B5a-k CONTAINS ANY OTHER HH MEMBER WITH RELATIONSHIP 01, 02, 03, 04}

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

B9. **Are you and [INSERT (FATHER/MOTHER/YOUR SIGNIFICANT OTHER) NAME] . . .**

 CODE ONE ONLY

**married,** 1 GO TO D1

**in a registered domestic partnership or civil**

**union,** 5 GO TO D1

**divorced,** 2

**separated, or** 3

**not married?** 4

DON’T KNOW d

REFUSED r

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

B9. **¿Están usted y [INSERT (FATHER/MOTHER/ SIGNIFICANT OTHER) NAME] . . .**

 CODE ONE ONLY

**casados,** 1 GO TO D1

**en una pareja doméstica registrada o unión**

**civil,** 5 GO TO D1

**divorciados,** 2

**separados, o** 3

**no están casados?** 4

DON’T KNOW d

REFUSED r

{IF B9 = 2, 3, 4, d, r}

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

B10. **Which of the following statements best describes your current relationship with [INSERT (FATHER/MOTHER/YOUR SIGNIFICANT OTHER) NAME]? Would you say…**

*Select one only*

**we are romantically involved on a**

**steady basis,** 1

**we are involved in an on-again and**

**off-again relationship,** 2

**we are just friends, or** 3

**we are not in any kind of relationship?** 4

DON’T KNOW d

REFUSED r

{IF B9 = 2, 3, 4, d, r}

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

B10. **¿Cuál de las siguientes frases describe mejor su relación actual con [INSERT (FATHER/MOTHER/su pareja doméstica) NAME]? ¿Diría usted que…**

*Seleccione sólo una*

**tenemos una relación romántica estable,** 1

**tenemos una relación que empieza**

**y termina periódicamente,** 2

**sólo somos amigos, o** 3

**no tenemos ningún tipo de relación?** 4

DON’T KNOW d

REFUSED r

|  |
| --- |
| **D. ACTIVITIES WITH YOUR CHILD** |

D1. CATI: **Now I have some questions about you and [CHILD] at home.**

 WEB: **The next questions are about you and [CHILD] at home.**

**How many times have you or someone in your family read to [CHILD] in the past week? Would you say…**

 CODE ONLY ONE

**not at all,** 1

**once or twice,** 2

**three or more times, but not every day, or** 3

**every day?** 4

DON’T KNOW d

REFUSED r

D1. CATI: **Ahora tengo algunas preguntas sobre usted y [CHILD] en el hogar.**

 WEB: Las siguientes preguntas son sobre usted y [CHILD] en el hogar.

**¿Cuántas veces usted o alguien en su familia le leyó a [CHILD] en la última semana? ¿Diría que…**

 CODE ONLY ONE

**nunca,** 1

**una o dos veces,** 2

**tres veces o más, pero no cada día, o** 3

**todos los días?** 4

DON’T KNOW d

REFUSED r

NO D2 THIS VERSION

D3. **In the past week, have you or someone in your family done the following things with [CHILD]?**

 CATI ONLY: **Would you say never, one or two days, three or four days, or most days?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never | One or Two Days | Three or Four Days | Most Days | DON’T KNOW | REFUSED |
| a. **Told (him/her) a story?**……………………. | 0 | 1 | 2 | 3 | d | r |
| b. **Taught (him/her) letters, words, or numbers?** ……………………………….... | 0 | 1 | 2 | 3 | d | r |
| c. **Taught (him/her) songs or music?**…… | 0 | 1 | 2 | 3 | d | r |
| e. **Played with toys or games indoors?**.... | 0 | 1 | 2 | 3 | d | r |
| f. **Played a game, sport, or exercised together?** ………………………………….. | 0 | 1 | 2 | 3 | d | r |
| g. **Took (him/her) along while doing errands like going to the post office, the bank, or the store?** …………........... | 0 | 1 | 2 | 3 | d | r |
| h. **Involved (him/her) in household chores like cooking, cleaning, setting the table, or caring for pets?** …………….... | 0 | 1 | 2 | 3 | d | r |
| i. **Talked about what happened in Head Start?** ……………………………………. | 0 | 1 | 2 | 3 | d | r |
| j. **Talked about TV programs or videos?**..... | 0 | 1 | 2 | 3 | d | r |
| k. **Played counting games like singing songs with numbers or reading books with numbers with (him/her)?** ………… | 0 | 1 | 2 | 3 | d | r |
| **l. Played a board game or a card game with (him/her)?** …………………………… | 0 | 1 | 2 | 3 | d | r |
| **m. Played with blocks with (him/her)?**….. | 0 | 1 | 2 | 3 | d | r |
| **n. Counted different things with (him/her)?**  | 0 | 1 | 2 | 3 | d | r |

D3. **En la última semana, ¿hizo usted o alguien en su familia las siguientes cosas con [CHILD]?**

 CATI ONLY: **¿Diría que nunca, uno o dos días, tres o cuatro días, o la mayoría de los días?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Nunca | Uno o dos días  | Tres o cuatro días | La mayoría de los días  | DON’T KNOW | REFUSED |
| a. **¿Le contó una historia a (él/ella)?**………. | 0 | 1 | 2 | 3 | d | r |
| b. **¿Le enseñó letras, palabras, o números a (él/ella)?** ……………….... | 0 | 1 | 2 | 3 | d | r |
| c. **¿Le enseñó canciones o música a (él/ella)?** …… | 0 | 1 | 2 | 3 | d | r |
| e. **¿Jugó con juguetes o juegos dentro de casa?**.... | 0 | 1 | 2 | 3 | d | r |
| f. **¿Jugó un juego, practicó un deporte, o hicieron ejercicio juntos?**……………….. | 0 | 1 | 2 | 3 | d | r |
| g. **¿Le llevó para hacer recados como ir al correo, al banco, o al mercado?**........ | 0 | 1 | 2 | 3 | d | r |
| h. **¿Le involucró en tareas domésticas como cocinar, limpiar, poner la mesa, o cuidar mascotas?** …………….... | 0 | 1 | 2 | 3 | d | r |
| i. **¿Habló acerca de lo que pasó en Head Start?** ……………………………………. | 0 | 1 | 2 | 3 | d | r |
| j. **¿Habló acerca de programas de televisión o vídeos?**..... | 0 | 1 | 2 | 3 | d | r |
| k. **¿Jugó juegos para contar como cantar canciones con números o leer libros con números con (él/ella)?**………… | 0 | 1 | 2 | 3 | d | r |
| **l. ¿Jugó un juego de mesa o juego de cartas con (él/ella)?** …………………… | 0 | 1 | 2 | 3 | d | r |
| **m. ¿Jugó con bloques con (él/ella)?**….. | 0 | 1 | 2 | 3 | d | r |
| **n. ¿Contó differences cosas con (él/ella)?** | 0 | 1 | 2 | 3 | d | r |

NO D4 THIS VERSION

|  |
| --- |
| VERSION BOX D4IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT CONTINUE, ELSE GO TO SECTION H. |

D5. **About how many children’s books does [CHILD] have in your home now, including library books? Please only include books that are for children.**

CATI PROBE: **Your best estimate is fine.**

WEB: **Your best estimate is fine.**

D5. **¿Más o menos cuántos libros para niños tiene [CHILD] en su hogar actualmente, incluyendo libros de la biblioteca? Por favor sólo incluya libros para niños.**

CATI PROBE: **Su** **mejor estimación está bien.**

WEB: **Su mejor estimación está bien.**

| | | | NUMBER/ NÚMERO

DON’T KNOW d

REFUSED r

NO D6 THIS VERSION

D6a. **Is English spoken in your home?**

D6a. **¿Se habla inglés en su hogar?**

YES/Sí 1

NO 0

DON’T KNOW d

REFUSED r

D7. **Is any language other than English spoken in your home?**

D7. **¿Se habla en su hogar algún otro idioma que no sea inglés?**

YES/Sí 1

NO 0

GO TO SECTION H

DON’T KNOW d

REFUSED r

{IF D7 = 1}

D8. **What other languages are spoken in your home?**

 CATI PROBE: **Any other languages?**

D8. **¿Qué otros idiomas se hablan en su hogar?**

 CATI PROBE: **¿Cualquier otro idioma?**

 SELECT ALL THAT APPLY

FRENCH/ FRANCÉS 11

SPANISH/ ESPAÑOL 12

CAMBODIAN (KHMER)/

CAMBOYANO (KHMER) 13

CHINESE/ CHINO 14

HAITIAN CREOLE/ CREOLE HAITIANO 15

HMONG/ HMONG 16

JAPANESE/ JAPONÉS 17

KOREAN/ COREANO 18

VIETNAMESE/ VIETNAMITA 19

ARABIC/ ARABE 20

AFRICAN LANGUAGE (E.G., SOMALI, SWAHILI, HAUSA, YORUBA, LAAL, SHABO, AFRIKAANS, AWING, BARGU, TUMBUKU, TESO, AND DAHALO)/ LENGUA AFRICANA (ES DECIR, SOMALI, SWAHILI, HAUSA, YORUBA, LAAL, SHABO, AFRICAANS, AWING, BARGU, TUMBUKU, TESO, Y DAHALO) 30

NATIVE AMERICAN OR ALASKAN LANGUAGE/

LENGUA DE NATIVE AMERICANO O DE

ALASKA 31

A FILIPINO LANGUAGE/ UN IDIOMA FILIPINO 32

ANOTHER LANGUAGE (SPECIFY)/ OTRO (ESPECIFIQUE) 21

DON’T KNOW d

REFUSED r

NO D9 THIS VERSION

{IF D7 = 1}

D10. **What language do you usually speak to [CHILD] at home?**

{IF D7 = 1}

D10. **¿En qué idioma generalmente le habla a [CHILD] en el hogar?**

 SELCT ONE ONLY

FRENCH/ FRANCÉS 11

SPANISH/ ESPAÑOL 12

CAMBODIAN (KHMER)/

CAMBOYANO (KHMER) 13

CHINESE/ CHINO 14

HAITIAN CREOLE/ CREOLE HAITIANO 15

HMONG/ HMONG 16

JAPANESE/ JAPONÉS 17

KOREAN/ COREANO 18

VIETNAMESE/ VIETNAMITA 19

ARABIC/ ARABE 20

AFRICAN LANGUAGE (E.G., SOMALI, SWAHILI, HAUSA, YORUBA, LAAL, SHABO, AFRIKAANS, AWING, BARGU, TUMBUKU, TESO, AND DAHALO)/ LENGUA AFRICANA (ES DECIR, SOMALI, SWAHILI, HAUSA, YORUBA, LAAL, SHABO, AFRICAANS, AWING, BARGU, TUMBUKU, TESO, Y DAHALO) 30

NATIVE AMERICAN OR ALASKAN LANGUAGE/

LENGUA DE NATIVE AMERICANO O DE

 ALASKA 31

A FILIPINO LANGUAGE/ UN IDIOMA FILIPINO 32

ANOTHER LANGUAGE (SPECIFY)/ OTRO (ESPECIFIQUE) 21

ENGLISH/ INGLÉS 25 GO TO SECTION H

DON’T KNOW d

REFUSED r

NO D11 TO D19 THIS VERSION

NO SECTION E THIS VERSION

|  |
| --- |
| **H. HOUSEHOLD ROUTINES** |

H1. CATI: **My next questions are about routines in your household.**

 **In a typical week, please tell me the number of days at least some of the family eats the evening meal together with [CHILD].**

CATI: **Las siguientes preguntas son acerca de las rutinas en su hogar.**

 **Durante una semana típica, por favor dígame la cantidad de días que por lo menos algunos miembros de la familia comen la comida de la noche juntos con [CHILD].**

 PROBE: IF VARIES, **‘On average, how many days?’**

PROBE: IF VARIES, ‘**¿En promedio, cuántos días’?**

 WEB: **The next questions are about routines in your household.**

 **In a typical week, about how many days does at least some of the family eat the evening meal together with [CHILD]?**

 **If it changes each week, please think about a typical week.**

 **Las siguientes preguntas son acerca de las rutinas en su hogar.**

 **En una semana típica, ¿más o menos cuántos días cenan juntos por lo menos algunos de los miembros de la familia con [CHILD]?**

 **Si cambia cada semana, por favor piense en una semana típica.**

 | | NUMBER/ NÚMERO

DON’T KNOW d

REFUSED r

NO H2 TO H7 THIS VERSION

H8. **When is [CHILD]’s regular bedtime?**

CATI PROBE: **We are interested in what time (he/she) goes to bed, not what time (he/she) actually falls asleep.**

 NOTE: ENTER “98” FOR NO USUAL TIME

 NOTE: IF VARIES, PROBE: **On an average night?**

 NOTE: IF BEDTIME IS AFTER MIDNIGHT, TYPE IN 11:59

WEB: **We are interested in what time [he/she/he or she] usually goes to bed, not what time [he/she/he or she] actually falls asleep.**

**If your child’s bedtime is after midnight, please enter 11:59PM.**

H8. **¿A qué hora se va [CHILD] a la cama, regularmente?**

CATI PROBE: **Estamos interesados en saber a qué hora (él/ella) se va a la cama, y no la hora en que realmente se queda dormido(a).**

 NOTE: ENTER “98” FOR NO USUAL TIME

 NOTE: IF VARIES, PROBE: **‘¿Generalmente?’**

 NOTE: IF BEDTIME IS AFTER MIDNIGHT, TYPE IN 11:59

WEB: **Estamos interesados en saber a qué hora, generalmente [él/ella/ él o ella] se va a la cama, y no la hora en que realmente se queda dormido(a).**

 **Si la hora de acostarse de su hijo es después de la medianoche, por favor anote 11:59PM.**

 | | |:| | | A.M. P.M.

[CHILD] DOES NOT HAVE A USUAL BEDTIME/

[CHILD] NO TIENE UNA HORA USUAL PARA

ACOSTARSE. 98 GO TO H10

DON’T KNOW d

REFUSED r

|  |
| --- |
| WEB HARD CHECK: IF (H8=98, D, OR R) AND TIME ALSO ENTERED; **You entered a time and also selected that your child does not have a usual bedtime. Please either enter a time or select that your child does not have a usual bedtime to continue.** **Usted ingresó una hora y también seleccionó que su hijo(a) no tiene una hora usual para acostarse. Por favor, ingrese una hora o seleccione que su hijo(a) no tiene una hora usual para acostarse para continuar.** |

H9. **How many times in the last week, Monday through Friday, was [CHILD] put to bed at that time?**

H9. **¿Cuántas veces en la última semana, de lunes a viernes, acostaron a [CHILD] a esa hora?**

| | NUMBER/ NÚMERO

 (RANGE 0-5)

DON’T KNOW d

REFUSED r

H10. **About what time does [CHILD] usually wake up on a weekday?**

 CATI: NOTE: ENTER “98” FOR NO USUAL TIME

 CATI NOTE: IF VARIES, PROBE: **On average?**

H10. **Generalmente, ¿más o menos a qué hora se despierta [CHILD] los días de semana?**

CATI NOTE: ENTER “98” FOR NO USUAL TIME

 CATI NOTE: IF VARIES, PROBE: **‘¿Generalmente?’**

HH:MM  AM  PM

(HR RANGE 1-12) (MIN RANGE 0-59)

[CHILD] DOES NOT HAVE A USUAL BEDTIME/ [CHILD] NO TIENE UNA HORA USUAL PARA ACOSTARSE 98

DON’T KNOW d

REFUSED r

|  |
| --- |
| WEB HARD CHECK: IF (H10=98, D OR R) AND TIME ALSO ENTERED; **You entered a time and also selected that your child does not wake up at a usual time. Please either enter a time or select that your child does not wake up at a usual time to continue.** **Usted ingresó una hora y también seleccionó que su hijo(a) no tiene una hora usual para acostarse. Por favor, ingrese una hora o seleccione que su hijo(a) no tiene una hora usual para acostarse para continuar.** |

H11. **During a typical night, about how many times does [CHILD] wake up and need someone to help (him/her) settle back to sleep?**

H11. **En una noche típica, ¿aproximadamente cuántas veces se despierta [CHILD] y necesita que alguien le ayude a volver a dormir?**

| | NUMBER/ NÚMERO

(RANGE 0-20)

DON’T KNOW d

REFUSED r

NO H11b TO H16 THIS VERSION

|  |
| --- |
| **I. PARENT INVOLVEMENT WITH HEAD START** |

|  |
| --- |
| IF FALL 2019, GO TO SECTION J. |

{IF SPRING 2020}

I1. CATI: **Please indicate how often you have participated in the following activities at your child’s Head Start center since the beginning of this Head Start year.**

 **For each one, tell me if that is not yet, once or twice, several times, about once a month, or at least once a week. How often have you . . .**

 **Would you say, not yet, once or twice, several times, about once a month, or at least once a week?**

 WEB: **Please indicate how often you have participated in the following activities at your child’s Head Start center since the beginning of this Head Start year.**

 **For each one, indicate if that is not yet, once or twice, several times, about once a month, or at least once a week. How often have you . . .**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | NOT YET | ONCE OR TWICE | SEVERAL TIMES | ABOUT ONCE A MONTH | AT LEAST ONCE A WEEK | DON’T KNOW | REFUSED |
| a. **volunteered or helped out in your child’s classroom?** ……… | 1 | 2 | 3 | 4 | 5 | d | r |
| b. **observed in your child’s classroom for at least 30 minutes?** ………………………… | 1 | 2 | 3 | 4 | 5 | d | r |
| c. **prepared food or materials for special events such as a holiday celebration or special cultural event?** …………………. | 1 | 2 | 3 | 4 | 5 | d | r |
| d. **helped with field trips or other special events?** ………………… | 1 | 2 | 3 | 4 | 5 | d | r |
| e. **attended Head Start social events such as bazaars or fairs for children and families?** ……. | 1 | 2 | 3 | 4 | 5 | d | r |
| f. **attended parent education meetings or workshops focusing on topics such as job skills or child-rearing?** ……….. | 1 | 2 | 3 | 4 | 5 | d | r |
| g. **attended parent-teacher conferences?** …………………… | 1 | 2 | 3 | 4 | 5 | d | r |
| h. **visited with a Head Start staff member in your home?** ………. | 1 | 2 | 3 | 4 | 5 | d | r |
| k. **participated in Policy Council?**  | 1 | 2 | 3 | 4 | 5 | d | r |
| q. **participated in Parent Committee or other Head Start planning groups?** ……………… | 1 | 2 | 3 | 4 | 5 | d | r |
| m. **prepared or distributed newsletters, fliers, or Head Start materials?** ………………… | 1 | 2 | 3 | 4 | 5 | d | r |
| n. **participated in fundraising activities?** ……………………….. | 1 | 2 | 3 | 4 | 5 | d | r |
| o. **participated** **in any other Head Start activities?** ………………… | 1 | 2 | 3 | 4 | 5 | d | r |

{IF I1o = 2,3,4 OR 5}

I1p. **What other activities?**

(SPECIFY)

{IF SPRING 2020}

I1. CATI: **Por favor indique con qué frecuencia usted ha participado en las siguientes actividades en el centro de Head Start de su hijo(a) desde que empezó Head Start este año.**

 **Para cada una, dígame si todavía no lo ha hecho, lo ha hecho una o dos veces, varias veces, más o menos una vez al mes, o por lo menos una vez a la semana.**

 **¿Con qué frecuencia . . .**

 **¿Diría que todavía no lo ha hecho, lo ha hecho una o dos veces, varias veces, más o menos una vez al mes, o por lo menos una vez a la semana?**

 WEB: **Por favor indique con qué frecuencia usted ha participado en las siguientes actividades en el centro de Head Start de su hijo(a) desde que empezó Head Start este año.**

 **Para cada una, indique si todavía no lo ha hecho, lo ha hecho una o dos veces, varias veces, más o menos una vez al mes, o por lo menos una vez a la semana. ¿Con qué frecuencia . . .**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | TODA-VÍA NO | UNA O DOS VECES | VARIAS VECES | MÁS O MENOS UNA VEZ AL MES | AL MENOS UNA VEZ A LA SEMANA | DON’T KNOW | REFUSED |
| a. **ha ido de voluntario(a) o ayudó en el salón de clase de su hijo(a)?**  | 1 | 2 | 3 | 4 | 5 | d | r |
| b. **ha ido a observar el salón de clase de su hijo(a) por lo menos por 30 minutos?**  | 1 | 2 | 3 | 4 | 5 | d | r |
| c. **ha preparado comida o materiales para eventos especiales, tal como para una celebración de algún día festivo o un evento cultural especial?**  | 1 | 2 | 3 | 4 | 5 | d | r |
| d. **ha ayudado con excursiones u otros eventos especiales?**  | 1 | 2 | 3 | 4 | 5 | d | r |
| e. **ha asistido a eventos sociales de Head Start, por ejemplo ferias o bazares para niños y familias?**  | 1 | 2 | 3 | 4 | 5 | d | r |
| f. **ha asistido a reuniones o talleres de educación para padres que se concentran en temas como habilidades para el trabajo o criar a los hijos?**  | 1 | 2 | 3 | 4 | 5 | d | r |
| g. **ha asistido a conferencias de padres y maestros?**  | 1 | 2 | 3 | 4 | 5 | d | r |
| h. **ha recibido en su hogar la visita de algún miembro del personal de Head Start?**  | 1 | 2 | 3 | 4 | 5 | d | r |
| k. **ha participado en el “Policy Council”?**  | 1 | 2 | 3 | 4 | 5 | d | r |
| q. **ha participado en el Comité de Padres u otros grupos de planificación de Head Start?**  | 1 | 2 | 3 | 4 | 5 | d | r |
| m. **ha preparado o distribuido boletines, volantes, o materiales de Head Start?**  | 1 | 2 | 3 | 4 | 5 | d | r |
| n. **ha participado en actividades para recaudar fondos?**  | 1 | 2 | 3 | 4 | 5 | d | r |
| o. **ha participado en cualquier otra actividad de Head Start?**  | 1 | 2 | 3 | 4 | 5 | d | r |

{IF I1o = 2,3,4 OR 5}

I1p. **¿Qué otra actividad?**

(SPECIFY)

|  |
| --- |
| **J. ABOUT CHILD’S MOTHER** |

|  |
| --- |
| VERSION BOX J2IF BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD {B5a-k = 1}, AND RESPONDENT IS BIOLOGICAL OR ADOPTIVE MOTHER (SC9 = 11 OR 13) AND FALL 2019, OR NO PREVIOUS INTERVIEW, GO TO BOX J9, ELSE GO TO BOX J16aIF BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD {B5a-k = 1}, AND RESPONDENT IS NOT BIOLOGICAL OR ADOPTIVE MOTHER (SC9 = 12, 14…30) AND FALL 2019, OR NO PREVIOUS INTERVIEW, GO TO J8, ELSE GO TO BOX J16aFALL 2019 OR NO PREVIOUS INTERVIEW: IF [CHILD]’s MOTHER NOT IN HOUSEHOLD AND {B5a\_k =2\_18,d,r}, ASK J1SPRING 2020: IF MOTHER LEFT HOUSEHOLD SINCE LAST INTERVIEW OR CHILD IN DIFFERENT HOUSEHOLD, ASK J1IF BIOLOGICAL OR ADOPTIVE MOTHER IS NOT IN HOUSEHOLD, AND WAS NOT IN HOUSEHOLD AT PREVIOUS INTERVIEW, GO TO VERSION BOX J3 |

|  |
| --- |
| IF ANY PREVIOUS INTERVIEW AND CONDITIONS ABOVE ARE NOT MET, GO TO BOX J14a. |

**J\_Intro:**

**My next questions are about (you/[CHILD]’s mother).**

**Mis siguientes preguntas son acerca de (usted/la madre de [CHILD]).**

{IF B5a-k = 2-18, d, r}

J1. CATI: **There are many reasons for children not living with their parents. Please tell me why [CHILD] is not living with (her/his) mother.**

PROBE: **Are there any other reasons?**

 CATI : **Hay muchas razones por las que los niños no viven con sus padres. Por favor dígame por qué [CHILD] no está viviendo con su madre.**

PROBE: **¿Hay alguna otra razón?**

WEB: **There are many reasons for children not living with their parents. Please select why [CHILD] is not living with [her/his/his or her] mother.**

**Hay muchas razones por las que los niños no viven con sus padres. Por favor seleccione por qué [CHILD] no está viviendo con su madre.**

*Select all that apply / Seleccione todas las que aplican*

[CHILD]’S MOTHER IS DECEASED/ LA MADRE DE [CHILD] FALLECIÓ 11

[CHILD]’S MOTHER DID NOT HAVE ENOUGH MONEY TO RAISE (HER/HIM)/ LA MADRE DE [CHILD] NO TENÍA SUFICIENTE DINERO PARA CRIARLE A [ÉL/ELLA] 12

(HER/HIS) MOTHER GOT TOO SICK TO TAKE CARE OF [CHILD]/ SU MADRE SE PUSO DEMASIADO ENFERMA PARA CUIDAR A [CHILD] 13

(HER/HIS) MOTHER HAD A DRINKING PROBLEM AND COULD NOT TAKE CARE OF [CHILD]/ SU MADRE TENÍA UN PROBLEMA CON LA BEBIDA Y NO PODÍA CUIDAR A [CHILD] 14

(HER/HIS) MOTHER HAD A DRUG PROBLEM AND COULD NOT TAKE CARE OF [CHILD]/ SU MADRE TENÍA UN PROBLEMA DE DROGAS Y NO PODÍA CUIDAR A [CHILD] 15

(HER/HIS) MOTHER IS IN A RESIDENTIAL TREATMENT PROGRAM FOR SUBSTANCE ABUSE AND COULD NOT BRING [CHILD]/ SU MADRE ESTÁ EN UN PROGRAMA RESIDENCIAL DE TRATAMIENTO PARA EL ABUSO DE SUSTANCIAS Y NO PODÍA CUIDAR A [CHILD] 24

 (HER/HIS) MOTHER HAD A MENTAL OR EMOTIONAL PROBLEM AND COULD NOT TAKE CARE OF [CHILD]/ SU MADRE TENÍA UN PROBLEMA MENTAL O EMOCIONAL Y NO PODÍA CUIDAR A [CHILD]. 16

(HER/HIS) MOTHER WAS IN TROUBLE WITH THE LAW OR HAD TO GO TO JAIL/ SU MADRE TENÍA PROBLEMAS CON LA LEY O TENÍA QUE IR A LA CÁRCEL 17

[CHILD] WAS NEGLECTED OR ABUSED WHILE LIVING WITH (HER/HIS) MOTHER/ [CHILD] FUE DESCUIDADO O ABUSADO MIENTRAS ESTABA VIVIENDO CON SU MADRE. 18

SOMEONE AT THE CHILD WELFARE OFFICE SAID [CHILD] COULD NOT LIVE WITH (HIS/HER) MOTHER ANY MORE/ ALGUIEN EN LA OFICINA DE BIENESTAR INFANTIL DIJO QUE [CHILD] NO PODÍA VIVIR MÁS CON SU MADRE. 19

[CHILD]’S FAMILY IS HOMELESS/ LA FAMILIA DE [CHILD] ESTÁ SIN HOGAR. 25

NO EXPLANATION GIVEN/ NO DIO EXPLICACIÓN 20

SOMETHING ELSE (SPECIFY)/ ALGUNA OTRA COSA (ESPECIFIQUE) 21

DIVORCED/SEPARATED/ LOS PADRES DE [CHILD] ESTÁN DIVORCIADOS/SEPARADOS 22

MOTHER AND [CHILD] CURRENTLY LIVE TOGETHER/

LA MADRE Y [CHILD] ACTUALMENTE VIVEN JUNTOS 26

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX J2aIF J1 = 11, GO TO J8 |

|  |
| --- |
| VERSION BOX J3IF FIRST INTERVIEW, GO TO J8IF ANY PREVIOUS INTERVIEW AND J1 ≠ 11, GO TO BOX J14a,ELSE GO TO BOX J16a |

NO J2 TO J7 THIS VERSION

{IF SC9 OR RESPONDENT FLAG =12, 14…30}

J8. CATI: **[**(IF J1 = 11) **I am sorry to hear about [CHILD]’s mother passing.] I would like to ask you a few questions about [**(IF J1 =11) **her** / (IF J1 ≠11) **[CHILD]’s mother].** **/Now I’m going to ask you some questions about [CHILD]’s biological or adoptive mother.]**

 **What (is/was) her birth date?**

 CATI: **[**(IF J1 = 11) **[Me apena mucho saber del fallecimiento de la madre de [CHILD]. Me gustaría hacerle algunas preguntas acerca de ella. / Ahora voy a hacerle algunas preguntas sobre la madre biológica o adoptiva de [CHILD].]**

 **¿Cuál (es/**(IF ‘MotherDeceased’=1) **era) su fecha de nacimiento?**

WEB: **[We are sorry to learn about [CHILD]’s mother passing. The next few questions are about her.**/**The next questions are about [CHILD]’s mother].**

 **What [is/was] her birth date?**

 **[Nos apena mucho saber que la mamá de [CHILD] falleció. Las siguientes preguntas son acerca de ella./Las siguientes preguntas son acerca de la madre de [CHILD]].**

 **¿Cuál (es/era) su fecha de nacimiento?**

 | | | / | | | / | | | | |

 MONTH DAY YEAR

MES DÍA AÑO

(RANGE 1923-2003)

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX J9IF THE RESPONDENT IS [CHILD]’s BIRTH MOTHER {SC9 = 11}, FILL “you.”IF SOMEONE ELSE {SC9 = 12-30, d, r}, FILL ‘[CHILD]’s mother.” |

NO J9-J12 IN THIS VERSION

{FALL 2019 OR NO PREVIOUS INTERVIEW}

J13. **In what country (were you/was she) born?**

{FALL 2019 OR NO PREVIOUS INTERVIEW}

J13. **¿En qué país nació (usted/ella)?**

 CODE ONLY ONE

USA/ ESTADOS UNIDOS 059 GO TO BOX J14a

MEXICO 303

GUATEMALA 313

CUBA 327

DOMINICAN REPUBLIC/

REPÚBLICA DOMINICANA 329

INDIA 210

CHINA 207

PHILIPPINES/ FILIPINA 233

JAPAN/ JAPÓN 215

KOREA/ COREA 217

VIETNAM 247

GUAM 066

SAMOA 527

OTHER (SPECIFY)/ OTRO (ESPECIFIQUE) 600

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX J13aIF RESPONDENT IS BIRTH OR ADOPTIVE MOTHER{SC9 = 11, 13}, CONTINUE.IF NOT BIRTH OR ADOPTIVE MOTHER AND BIRTH MOTHER IS ALIVE {SC9 = 12, 14-30, d, r AND J1 = 12‑25, d, r}, CONTINUE.IF SOMEONE ELSE AND BIRTH MOTHER IS DECEASED {J1 = 11},GO TO VERSION BOX K |

{FALL 2019 OR NO PREVIOUS INTERVIEW}

{J1 = 12-25, d, r AND J13 = 066-600, d, r}

J14. **How many years (have you/has she) lived in the United States?**

{FALL 2019 OR NO PREVIOUS INTERVIEW}

{J1 = 12-25, d, r AND J13 = 066-600, d, r}

J14. **¿Cuántos años ha vivido (usted/ella) en los Estados Unidos?**

 | | | NUMBER/ NÚMERO

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX J14aIF RESPONDENT IS NOT EQUAL TO 01 (NOT BIOLOGICAL MOTHER) AND02 (NOT BIOLOGICAL FATHER) AND J1 NE 11 (MOTHER NOT DECEASED), CONTINUE.OTHERWISE, GO TO BOX J16a |

{IF SC9 OR RESPONDENT FLAG = 13-30, d, r}

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

J15. **The next questions are about [CHILD]’s biological parents.**

 **Are they…**

**married,** 1 GO TO BOX J16a

**in a registered domestic partnership or civil**

**union,** 5 GO TO BOX J16a

**divorced,** 2

**separated, or** 3

**not married?** 4

DON’T KNOW d

REFUSED r

{IF SC9 OR RESPONDENT FLAG = 13-30, d, r}

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

J15. **Las próximas preguntas son acerca de los padres biológicos de [CHILD].**

 **¿Están…**

**casados,** 1 GO TO BOX J16a

**en una pareja doméstica registrada o unión**

**civil,** 5 GO TO BOX J16a

**divorciados,** 2

**separados, o** 3

**no están casados?** 4

DON’T KNOW d

REFUSED r

{IF SC9 = 11, 12, 13, 14, 15, 16 and B5a-k CONTAINS 01, 02, 03,04}

{IF J15 = 2, 3, 4, d, r}

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

J16. **Which of the following statements best describes their current relationship?**

**they are romantically involved**

**on a steady basis,** 1

**they are involved in an on-again**

**and off-again relationship,** 2

**they are just friends, or** 3

**they are not in any kind of relationship?** 4

DON’T KNOW d

REFUSED r

{IF SC9 = 11, 12, 13, 14, 15, 16 and B5a-k CONTAINS 01, 02, 03,04}

{IF J15 = 2, 3, 4, d, r}

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

J16. **¿Cuál de las siguientes opciones describe mejor la relación actual de ellos?**

**tienen una relación romántica estable,** 1

**tienen una relación que empieza**

**y termina periódicamente,** 2

**sólo son amigos, o** 3

**no tienen ningún tipo de relación?** 4

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX J16aIF THE RESPONDENT IS [CHILD]’s MOTHER {SC9 = 11,13}, FILL ‘you’.IF SOMEONE ELSE {SC9 = 12, 14-30} AND MOTHER IS LIVING IN HOUSEHOLD{B5a-k = 1}, FILL [CHILD]’s mother.IF MOTHER IS NOT LIVING IN HOUSEHOLD{B5a-k =2-18,d, r}, GO TO VERSION BOX K1 |

{IF B5a-k = 1}

J17. **During the past week (that is, the past 7 days), did (you/[CHILD]’s mother) work at a job for pay or income, including self employment?**

{IF B5a-k = 1}

J17. **En la última semana (o sea, los últimos 7 días), ¿trabajó (usted/la mamá de [CHILD]) en un trabajo por pago o con un ingreso, incluyendo trabajo por cuenta propia?**

YES/ SÍ 1 GO TO J21

NO, [CHILD]’S MOTHER IS RETIRED/ NO, LA MADRE DE [CHILD] ESTÁ JUBILADA 2 GO TO J24

NO, [CHILD]’S MOTHER IS DISABLED AND UNABLE TO WORK/NO, LA MADRE DE [CHILD] ESTÁ INCAPACITADA Y NO PUEDE TRABAJAR 3 GO TO J24

NO (FOR REASON OTHER THAN RETIREMENT OR DISABILITY)/ NO (POR UNA RAZÓN QUE NO SEA JUBILACIÓN O INCAPACIDAD) 0 GO TO J24

DON’T KNOW d

REFUSED r

{IF B5a-k = 1}

{IF J17 = 0}

J18. **(Were you/Was she) on leave or vacation from a job for the past week (that is, the past 7 days)?**

{IF B5a-k = 1}

{IF J17 = 0}

J18. **¿Estuvo (usted/ella) de licencia o de vacaciones de un trabajo durante la última semana (o sea, los últimos 7 días)?**

YES/Sí 1

NO 0

DON’T KNOW d

REFUSED r

{IF B5a-k = 1}

{IF J17 = 0}

J19. **(Have you/Has she) actively been looking for work in the past four weeks?**

{IF B5a-k = 1}

{IF J17 = 0}

J19. **¿Estuvo (usted/ella) buscando trabajo activamente en las últimas cuatro semanas?**

YES/Sí 1

NO 0

DON’T KNOW d

REFUSED r

{IF B5a-k = 1}

{IF J17 = 0}

J20. **{(**IF NO PREVIOUS INTERVIEW**) in the last 12 months/(**ELSE**) since [MONTH AND YEAR OF LAST INTERVIEW]}, did (you/[CHILD]’s mother) work at a job for pay or income, including self-employment?**

{IF B5a-k = 1}

{IF J17 = 0}

J20. **¿ {(**IF NO PREVIOUS INTERVIEW**) en los últimos 12 meses/(**ELSE**) desde [MONTH AND YEAR OF LAST INTERVIEW]}, trabajó (usted/la madre de [CHILD]) en un trabajo por pago o con un ingreso, incluyendo trabajo por cuenta propia?**

YES/Sí 1

NO 0

GO TO VERSION BOX J1

DON’T KNOW d

REFUSED r

{IF B5a-k = 1}

{IF J17 = 1 OR J20 = 1}

J21. **About how many total hours per week (do you/did you/does she/did she) usually work for pay or income, counting all jobs?**

CATI: INTERVIEWER NOTE: IF HOURS VARY, AVERAGE HOURS PER WEEK.

 CATI PROBE: **Your best estimate is fine.**

 WEB: **If hours vary, please enter the average hours per week.**

{IF B5a-k = 1}

{IF J17 = 1 OR J20 = 1}

J21. **¿Más o menos cuántas horas en total generalmente (trabaja/trabajó) (usted/ella) por semana por pago o con un ingreso, contando todos los trabajos o empleos?**

CATI: INTERVIEWER NOTE: IF HOURS VARY, AVERAGE HOURS PER WEEK.

CATI PROBE: **Su mejor estimación está bien.**

WEB: **Si las horas varían, por favor anote el promedio de horas por semana.**

| | | HOURS / HORAS

(RANGE 0-99)

DON’T KNOW d

REFUSED r

|  |
| --- |
| VERSION BOX J1IF FIRST TIME FAMILY IS INTERVIEWED, ASK J24.ELSE GO TO SECTION K. |

NO J22 TO J23 THIS VERSION

{IF B5a-k = 1}

J24. **What is the highest grade or year of school that (you/she) completed?**

 CATI ONLY NOTE: If ‘high school’, PROBE: **What is the last grade you completed?**

 CATI ONLY NOTE: If ‘college’, PROBE: **Did you receive a degree? What type of degree?**

{IF B5a-k = 1}

J24. **¿Cuál es el grado o año de estudios más alto que (usted/ella) completó?**

CATI ONLYNOTE: If ‘high school’, PROBE: **¿Cuál es el último grado o año que completó?**

 CATI ONLY NOTE: If ‘college’, PROBE: **¿Recibió un título? ¿Qué tipo de título?**

 CODE ONLY one

8TH GRADE OR LOWER/ 8o GRADO O MENOS 1

9TH TO 11TH GRADE/ 9o A 11er GRADO 2

12TH GRADE BUT NO DIPLOMA/ 12o GRADO PERO SIN DIPLOMA 3

HIGH SCHOOL DIPLOMA OR EQUIVALENT/ DIPLOMA DE SECUNDARIA O EQUIVALENTE 4

VOCATIONAL/TECHNICAL PROGRAM AFTER HIGH SCHOOL BUT NO VOCATIONAL/TECHNICAL DIPLOMA/ PROGRAMA VOCACIONAL O TÉCNICO DESPUÉS DE SECUNDARIO PERO SIN DIPLOMA VOCACIONAL//TÉCNICO 5

VOCATIONAL/TECHNICAL DIPLOMA AFTER HIGH SCHOOL/ DIPLOMA VOCACIONAL /TÉCNICO DESPUÉS DE SECUNDARIA 6

SOME COLLEGE BUT NO DEGREE/ ALGO DE UNIVERSIDAD PERO SIN TÍTULO 7

ASSOCIATE’S DEGREE/ TÍTULO DE ASISTENTE 8

BACHELOR’S DEGREE/
TÍTULO DE LICENCIATURA 9

GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE/ POSTGRADO O ESTUDIO PROFESIONAL PERO SIN DIPLOMA 10

MASTER’S DEGREE (MA, MS)/
MAESTRÍA (MA,MS) 11

DOCTORATE DEGREE (PHD, EDD)/
DOCTORADO (PHD, EDD) 12

PROFESSIONAL DEGREE AFTER BACHELOR’S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)/ TÍTULO PROFESIONAL DESPUÉS DE LICENCIATURA (MEDICIAN/MD; ODONTOLOGÍA/DDS; LEYES/JD/LLB; ETC.) 13

DON’T KNOW d

REFUSED r

|  |
| --- |
| **K. ABOUT CHILD’S FATHER** |

|  |
| --- |
| VERSION BOX K1IF BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD (B5a-k = 2}, AND RESPONDENT IS BIOLOGICAL OR ADOPTIVE FATHER (SC9 = 12 OR 14) AND FALL 2019 OR NO PREVIOUS INTERVIEW,GO TO BOX K9, ELSE GO TO BOX K16aIF BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD (B5a-k = 2}, AND RESPONDENT IS NOT BIOLOGICAL OR ADOPTIVE FATHER(SC9 = 11, 13, 15…30)) AND FALL 2019 OR NO PREVIOUS INTERVIEW, GO TO K8, ELSE GO TO BOX K16AFALL 2019 OR NO PREVIOUS INTERVIEW: IF [CHILD]’s BIRTH OR ADOPTIVE FATHER NOT IN HOUSEHOLD {B5A-K = 1,3-18,d,r}, ASK K1.SPRING 2020: IF FATHER LEFT HOUSEHOLD SINCE LAST INTERVIEW OR CHILD LEFT HOUSEHOLD,ASK K1SPRING 2020: IF BIOLOGICAL OR ADOPTIVE FATHER NOT IN HOUSEHOLD AND WAS NOT IN HOUSEHOLD AT PREVIOUS INTERVIEW, GO TO VERSION BOX K2SPRING 2020: IF BIOLOGICAL OR ADOPTIVE FATHER NOT IN HOUSEHOLD AND WAS IN HOUSEHOLD AT PREVIOUS INTERVIEW GO TO K1IF ANY PREVIOUS INTERVIEW AND ‘NEEDFATHERDOB=1’, GO TO K8IF ANY PREVIOUS INTERVIEW AND CONDITIONS ABOVE ARE NOT MET, GO TO BOX K16a. |

**K\_Intro:**

**The next questions are about [CHILD]’s father.**

**Las siguientes preguntas son sobre el padre de [CHILD].**

{IF B5a – k = 1, 3-18, d, r}

K1. CATI: **There are many reasons for children not living with their fathers. Please tell me why [CHILD] is not living with (her/his) father.**

PROBE: **Are there any other reasons?**

WEB: **There are many reasons for children not living with their fathers. Please enter why [CHILD] is not living with [her/his/his or her] father.**

{IF B5a – k = 1, 3-18, d, r}

K1. CATI: **Hay muchas razones por las que los niños no viven con sus padres. Por favor dígame por qué [CHILD] no está viviendo con su padre.**

PROBE: **¿Hay alguna otra razón?**

WEB: **Hay muchas razones por las que los niños no viven con sus padres. Por favor dígame por qué [CHILD] no está viviendo con su padre.**

*Select all that apply / Seleccione todas las que aplican*

[CHILD]’S FATHER IS DECEASED/ EL PADRE DE [CHILD] FALLECIÓ 11

[CHILD]’S FATHER DID NOT HAVE ENOUGH MONEY TO RAISE (HER/HIM)/ EL PADRE DE [CHILD] NO TENÍA SUFICIENTE DINERO PARA CRIARLE A (ÉL/ELLA) 12

(HER/HIS) FATHER GOT TOO SICK TO TAKE CARE OF [CHILD]/ SU PADRE SE PUSO DEMASIADO ENFERMO PARA CUIDAR A [CHILD] 13

(HER/HIS) FATHER HAD A DRINKING PROBLEM AND COULD NOT TAKE CARE OF [CHILD]/ SU PADRE TENÍA UN PROBLEMA CON LA BEBIDA Y NO PODÍA CUIDAR A [CHILD] 14

(HER/HIS) FATHER HAD A DRUG PROBLEM AND COULD NOT TAKE CARE OF [CHILD]/ SU PADRE TENÍA UN PROBLEMA DE DROGAS Y NO PODÍA CUIDAR A [CHILD] 15

(HER/HIS) FATHER IS IN A RESIDENTIAL TREATMENT PROGRAM FOR SUBSTANCE ABUSE AND COULD NOT BRING [CHILD]/ SU PADRE ESTÁ EN UN PROGRAMA RESIDENCIAL DE TRATAMIENTO PARA EL ABUSO DE SUSTANCIAS Y NO PODÍA CUIDAR A [CHILD] 24

 (HER/HIS) FATHER HAD A MENTAL OR EMOTIONAL PROBLEM AND COULD NOT TAKE CARE OF [CHILD]/ SU PADRE TENÍA UN PROBLEMA MENTAL O EMOCIONAL Y NO PODÍA

CUIDAR A [CHILD] 16

(HER/HIS) FATHER WAS IN TROUBLE WITH THE LAW OR HAD TO GO TO JAIL/ SU PADRE TENÍA PROBLEMAS CON LA LEY O TENÍA QUE IR A LA CÁRCEL 17

[CHILD] WAS NEGLECTED OR ABUSED WHILE LIVING WITH (HER/HIS) FATHER/ [CHILD] FUE DESCUIDADO O ABUSADO MIENTRAS ESTABA VIVIENDO CON SU PADRE 18

SOMEONE AT THE CHILD WELFARE OFFICE SAID [CHILD] COULD NOT LIVE WITH (HIS/HER) FATHER ANY MORE/ ALGUIEN EN LA OFICINA DE BIENESTAR INFANTIL DIJO QUE [CHILD] NO PODÍA VIVIR MÁS CON SU PADRE. 19

[CHILD]’S FAMILY IS HOMELESS/ LA FAMILIA DE [CHILD] ESTÁ SIN HOGAR 25

SOMETHING ELSE (SPECIFY) /
ALGUNA OTRA COSA (ESPECIFIQUE) 21

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIVORCED/SEPARATED/ LOS PADRES DE [CHILD] ESTÁN DIVORCIADOS/SEPARADOS 22

FATHER LEFT/DID NOT WANT CHILD/ EL PADRE ABANDONÓ/NO DESEA AL NIÑO 23

FATHER AND [CHILD] CURRENTLY LIVE TOGETHER/ EL PADRE Y [CHILD] ACTUALMENTE VIVEN JUNTOS 26

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX K2aASK K7a THROUGH K7C IF FATHER NOT IN HH (FALL 2019 AND SPRING 2020), ELSE GO TO VERSION BOX K2IF FIRST INTERVIEW, GO TO K8IF ‘NeedFatherDOB’=1, GO TO K8 |

NO K3 TO K7 THIS VERSION

{IF B5a- k = 1, 3 – 18, d, r AND K1 = 12-25, d, r}

K7a. **Is there anyone else who is like a father to [CHILD]?**

{IF B5a-k = 1, 3 – 18, d, r AND K1 = 12-25, d, r}

K7a. **¿Hay alguna otra persona que sea como un padre para [CHILD]?**

YES/Sí 1

NO 0 GO TO K8

DON’T KNOW d GO TO K8

REFUSED r GO TO K8

{IF B5a- k = 1, 3 – 18, d, r AND K1 = 12-25, d, r}

{IF K7a = 1}

K7b. **Who is this person? Is he…**

[IF R IS MALE, READ/FILL] **you,** 1

**your spouse or partner,** 2

**a relative of [CHILD], or** 3

**a friend of the family?** 4

DON’T KNOW d

REFUSED r

{IF B5a-k = 1, 3 – 18, d, r AND K1 = 12-25, d, r}

{IF K7a = 1}

K7b. **¿Quién es esa persona? ¿Es…**

[IF R IS MALE, READ/FILL] **usted,** 1

**su esposo o pareja,** 2

**un pariente de [CHILD], o** 3

**un amigo de la familia?** 4

DON’T KNOW d

REFUSED r

{IF B5a- k = 1, 3 – 18, d, r AND K1 = 12-25, d, r}

{IF K7b = 3, 4}

K7c. **Does this (relative/friend of the family) live in your household?**

{IF B5a-k = 1, 3 – 18, d, r AND K1 = 12-25, d, r}

{IF K7b = 3, 4}

K7c. **¿Este (pariente/amigo de la familia) vive en el hogar de usted?**

YES/Sí 1

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| VERSION BOX K2IF ANY PREVIOUS INTERVIEW AND ‘NEEDFATHERDOB=1’, GO TO K8IF ANY PREVIOUS INTERVIEW, SKIP TO BOX K16a, ELSE CONTINUE |

{IF SC9 OR RESPONDENT FLAG = 11, 13, 15 - 30, d, r}

K8. CATI: **[**(IF K1=11) **I am sorry to hear about [CHILD]’s father passing. I would like to ask you a few questions about him. / (**IF K1 ≠11) **Now I’m going to ask you some questions about [CHILD]’s biological or adoptive father.]**

 WEB: [We are sorry to learn about [**CHILD]’s father passing. The next few questions are about him**/**The next questions are about [CHILD]’s father].**

**What (is/(**IF ‘FatherDeceased’=1**) was) his birth date?**

{IF SC9 OR RESPONDENT FLAG = 11, 13, 15 - 30, d, r}

K8. CATI: **[**(IF K1=11) **Me apena mucho saber del fallecimiento del padre de [CHILD]. Me gustaría hacerle algunas preguntas acerca de él. / (**IF K1 ≠11**) Ahora voy a hacerle algunas preguntas sobre el padre biológico o adoptivo de [CHILD].]**

 WEB: **[Nos apena saber del fallecimiento del padre de [CHILD]. Las próximas preguntas son acerca de él. / Las siguientes preguntas son acerca del padre de [CHILD].**

 **¿Cuál (es/(**IF ‘FatherDeceased’=1**) era) su fecha de nacimiento?**

 | | | / | | | / | | | | |

MONTH DAY YEAR

MES DÍA AÑO

 (RANGE 1923-2003)

DON’T KNOW d

REFUSED r

NO K9 TO K12 THIS VERSION

|  |
| --- |
| BOX K9IF PREVIOUS INTERVIEW, GO TO BOX K16AIF THE RESPONDENT [CHILD]’s BIOLOGICAL OR ADOPTIVE FATHER {SC9 = 12,14}, FILL “you”.IF SOMEONE ELSE {SC9 = 11, 13, 15-30, d, r}, FILL “[CHILD]’s FATHER”. |

K13. **In what country (were you/was he) born?**

K13. **¿En qué país nació (usted/él)?**

 CODE ONLY ONE

USA/ ESTADOS UNIDOS 059 GO TO BOX K13a

MEXICO 303

GUATEMALA 313

CUBA 327

DOMINICAN REPUBLIC/ REPÚBLICA DOMINICANA 329

INDIA 210

CHINA 207

PHILIPPINES/ FILIPINA 233

JAPAN/ JAPÓN 215

KOREA/ COREA 217

VIETNAM 247

GUAM 066

SAMOA 527

OTHER (SPECIFY)/ OTRO (ESPECIFIQUE) 600

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX K13aIF RESPONDENT IS BIRTH OR ADOPTIVE FATHER {SC9 = 12, 14}, CONTINUE.IF NOT BIRTH FATHER AND BIRTH FATHER IS ALIVE, {SC9 = 11, 13, 15 - 30, d, r AND K1 = 12-25, d, r} CONTINUE.IF SOMEONE ELSE AND BIRTH FATHER IS DECEASED,{K1 = 11}, GO TO SECTION L. |

{K1 = 12-25, d, r AND K13 = 066-600, d, r}

K14. **How many years (have you/has he) lived in the United States?**

{K1 = 12-25, d, r AND K13 = 066-600, d, r}

K14. **¿Cuántos años ha vivido (usted/él) en los Estados Unidos?**

 | | | NUMBER/ NÚMERO

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX K16aIF THE RESPONDENT IS [CHILD]’s FATHER {SC9 = 12, 14}, FILL ‘you’.IF SOMEONE ELSE {SC9 = 11, 13, 15-30} AND FATHER IS LIVING IN HOUSEHOLD {B5a‑k = 2}, FILL “[CHILD]’s father.”IF FATHER IS NOT LIVING IN HOUSEHOLD{B5a-k =1, 3-18, d, r}, GO TO VERSION BOX L. |

NO K15 AND K16

{IF B5a–k = 2}

K17. **During the past week (that is, the past 7 days), did (you/[CHILD]’s father) work at a job for pay or income, including self employment?**

{IF B5a–k = 2}

K17. **En la última semana (o sea, los últimos 7 días), ¿trabajó (usted/el papá de [CHILD]) en un trabajo por pago o con un ingreso, incluyendo trabajo por cuenta propia?**

YES/Sí 1 GO TO K21

NO, I AM RETIRED / No, estoy jubilado(a) 2

GO TO K24

NO, I AM DISABLED AND UNABLE TO WORK /

No, estoy incapacitado y sin poder trabajar 3

NO (FOR REASON OTHER THAN RETIREMENT

OR DISABILITY / No (por otras razones que no son jubilación o incapacidad) 0

DON’T KNOW d

REFUSED r

{IF B5a–k = 2}

{IF K17 = 0}

K18. **(Were you/Was he) on leave or vacation from a job for the past week (that is, the past 7 days)?**

{IF B5a–k = 2}

{IF K17 = 0}

K18. **¿Estuvo (usted/él) de licencia o de vacaciones de un trabajo durante la última semana (o sea, los últimos 7 días)?**

YES/Sí 1

NO 0

DON’T KNOW d

REFUSED r

{IF B5a–k = 2}

{IF K17 = 0}

K19. **(Have you/Has he) actively been looking for work in the past four weeks?**

{IF B5a–k = 2}

{IF K17 = 0}

K19. **¿Estuvo (usted/él) buscando trabajo activamente en las últimas cuatro semanas?**

YES/Sí 1

NO 0

DON’T KNOW d

REFUSED r

{IF B5a–k = 2}

{IF K17 = 0}

K20. **{(**IF NO PREVIOUS INTERVIEW**) in the last 12 months/(**ELSE**) since [MONTH AND YEAR OF LAST INTERVIEW]}, did (you/[CHILD]’s father) work at a job for pay or income, including self employment?**

{IF B5a–k = 2}

{IF K17 = 0}

K20. **¿ {(**IF NO PREVIOUS INTERVIEW**) en los últimos 12 meses/(**ELSE**) desde [MONTH AND YEAR OF LAST INTERVIEW]}, trabajó (usted/el padre de [CHILD]) en un trabajo por pago o con un ingreso, incluyendo trabajo por cuenta propia?**

YES/Sí 1

NO 0

GO TO VERSION BOX K3

DON’T KNOW d

REFUSED r

{IF B5a–k = 2}

{IF K17 = 1 OR K20 = 1}

K21. **About how many total hours per week (do you/did you/does he/did he) usually work for pay or income, counting all jobs?**

CATI: INTERVIEWER NOTE: IF HOURS VARY, AVERAGE HOURS PER WEEK.

 CATI PROBE: **Your best estimate is fine.**

 WEB: **If hours vary, please enter the average hours per week. *(Your best estimate is fine.)***

{IF B5a–k = 2}

{IF K17 = 1 OR K20 = 1}

K21. **¿Más o menos cuántas horas en total a la semana generalmente (trabaja/trabajó) (usted/él) por pago o con un ingreso, contando todos los trabajos o empleos?**

CATI: INTERVIEWER NOTE: IF HOURS VARY, AVERAGE HOURS PER WEEK.

CATI PROBE: **Su mejor estimación está bien.**

WEB: **Si las horas varían, por favor entre el promedio de horas por semana. *(Su major estimación está bien.)***

| | | HOURS / HORAS

(RANGE 0-99)

DON’T KNOW d

REFUSED r

NO K22 TO K23 THIS VERSION

|  |
| --- |
| VERSION BOX K3IF FIRST TIME FAMILY IS INTERVIEWED, ASK K24, ELSE GO TO SECTION L. |

{IF B5a–k = 2}

K24. **What is the highest grade or year of school that (you/he) completed?**

 CATI ONLY NOTE: If ‘high school’, PROBE: **What is the last grade (you/he) completed?**

 CATI ONLY NOTE: If ‘college’, PROBE: **Did (you/he) receive a degree? If yes, what type of degree?**

{IF B5a–k = 2}

K24. **¿Cuál es el grado o año de estudios más alto que (usted/él) completó?**

CATI ONLYNOTE: If ‘high school’, PROBE: **¿Cuál es el último grado o año que completó?**

 CATI ONLY NOTE: If ‘college’, PROBE: **¿Recibió un título? ¿Qué tipo de título?**

 Select one only / Seleccione sólo una

8TH GRADE OR LOWER/ 8o GRADO O MENOS 1

9TH TO 11TH GRADE/ 9o A 11er GRADO 2

12TH GRADE BUT NO DIPLOMA/ 12o GRADO PERO SIN DIPLOMA 3

HIGH SCHOOL DIPLOMA OR EQUIVALENT/ DIPLOMA DE SECUNDARIA O EQUIVALENTE 4

VOCATIONAL/TECHNICAL PROGRAM AFTER HIGH SCHOOL BUT NO VOCATIONAL/TECHNICAL DIPLOMA/ PROGRAMA VOCACIONAL O TÉCNICO DESPUÉS DE SECUNDARIO PERO SIN DIPLOMA VOCACIONAL//TÉCNICO 5

VOCATIONAL/TECHNICAL DIPLOMA AFTER HIGH SCHOOL/ DIPLOMA VOCACIONAL/ TÉCNICO DESPUÉS DE SECUNDARIA 6

SOME COLLEGE BUT NO DEGREE/ ALGO DE UNIVERSIDAD PERO SIN TÍTULO 7

ASSOCIATE’S DEGREE/ TÍTULO DE ASISTENTE 8

BACHELOR’S DEGREE/ TÍTULO DE LICENCIATURA 9

GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE/ POSTGRADO O ESTUDIO PROFESIONAL PERO SIN DIPLOMA 10

MASTER’S DEGREE (MA, MS)/ MAESTRÍA (MA,MS) 11

DOCTORATE DEGREE (PHD, EDD)/
DOCTORADO (PHD, EDD) 12

PROFESSIONAL DEGREE AFTER BACHELOR’S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)/ TÍTULO PROFESIONAL DESPUÉS DE LICENCIATURA (MEDICIAN/MD; ODONTOLOGÍA/DDS; LEYES/JD/LLB; ETC.) 13

DON’T KNOW d

REFUSED r

|  |
| --- |
| **L. ABOUT RESPONDENT** |

|  |
| --- |
| VERSION BOX LIF RESPONDENT IS [CHILD]’S BIOLOGICAL OR ADOPTIVE MOTHER OR FATHER {SC9 = 11-14}, GO TO SECTION M.IF FALL 2019 OR NO PRIOR INTERVIEW WITH THIS RESPONDENT AND RESPONDENT IS NOT BIOLOGICAL OR ADOPTIVE MOTHER OR FATHER {SC9=15-30, d, r} CONTINUE, ELSE GO TO L17. |

NO L1 TO L12 THIS VERSION

{IF SC9 OR RESPONDENT FLAG = 15-30, d, r}

L13. **These next questions are about you.**

**In what country were you born?**

{IF SC9 OR RESPONDENT FLAG = 15-30, d, r}

L13. **Las siguientes preguntas son sobre usted.**

**¿En qué país nació usted?**

 CODE ONLY ONE

USA 059 GO TO L17

MEXICO 303

GUATEMALA 313

CUBA 327

DOMINICAN REPUBLIC/ REPÚBLICA DOMINICANA 329

INDIA 210

CHINA 207

PHILIPPINES/ FILIPINA 233

JAPAN/ JAPÓN 215

KOREA/ COREA 217

VIETNAM 247

GUAM 066

SAMOA 527

OTHER (SPECIFY)/ OTRO (ESPECIFIQUE) 600

DON’T KNOW d

REFUSED r

{IF SC9 OR RESPONDENT FLAG = 15-30, d, r}

{IF L13 = 066 – 600 d, r}

L14. **How many years have you lived in the United States?**

{IF SC9 OR RESPONDENT FLAG = 15-30, d, r}

{IF L13 = 066 - 600, d, r}

L14. **¿Cuántos años ha vivido en los Estados Unidos?**

 | | | NUMBER/ NÚMERO

DON’T KNOW d

REFUSED r

NO L15 OR L16

{IF SC9 OR RESPONDENT FLAG = 15-30, d, r}

IF RESPONDENT WAS PREVIOUSLY INTERVIEWED, SAY: **These next questions are about you.**

L17. **During the past week (that is, the past 7 days), did you work at a job for pay or income, including self‑employment?**

{IF SC9 OR RESPONDENT FLAG = 15-30, d, r}

IF RESPONDENT WAS PREVIOUSLY INTERVIEWED, SAY: **Las siguientes preguntas son acerca de usted.**

L17. **En la última semana (o sea, los últimos 7 días), ¿trabajó en un trabajo por pago o con un ingreso, incluyendo trabajo por cuenta propia?**

YES/Sí 1 GO TO L21

NO, I AM RETIRED / No, estoy jubilado(a) 2

GO TO L24

NO, I AM DISABLED AND UNABLE TO WORK / No, estoy incapacitado y sin poder trabajar 3

NO (FOR REASON OTHER THAN RETIREMENT OR DISABILITY) / No (por otras razones que no son jubilación o incapacidad) 0

DON’T KNOW d

REFUSED r

{IF L17 = 0}

L18. **Were you on leave or vacation from a job for the past week?**

{IF L17 = 0}

L18. **¿Estuvo de licencia o de vacaciones de un trabajo durante la última semana?**

YES/Sí 1

NO 0

DON’T KNOW d

REFUSED r

{IF L17 = 0}

L19. **Have you actively been looking for work in the past four weeks?**

{IF L17 = 0}

L19. **¿Estuvo buscando trabajo activamente en las últimas cuatro semanas?**

YES/Sí 1

NO 0

DON’T KNOW d

REFUSED r

{IF L17 = 0}

L20. **{(**IF NO PREVIOUS INTERVIEW**) in the last 12 months/(**ELSE**) since [MONTH AND YEAR OF LAST INTERVIEW]}, did you work at a job for pay or income, including self employment?**

{IF L17 = 0}

L20. **¿ {(IF NO PREVIOUS INTERVIEW) (en los últimos 12 meses/(ELSE) desde [MONTH AND YEAR OF LAST INTERVIEW]}, trabajó en un trabajo por pago o con un ingreso, incluyendo trabajo por cuenta propia?**

YES/Sí 1

NO 0

GO TO L24

DON’T KNOW d

REFUSED r

{IF L17 = 1 OR L20 = 1}

L21. **About how many total hours per week (do you/did you) usually work for pay or income, counting all jobs?**

CATI: INTERVIEWER NOTE: IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

 CATI PROBE: **Your best estimate is fine.**

**WEB: If hours vary, please enter the average hours per week. *(Your best estimate is fine.)***

{IF L17 = 1 OR L20 = 1}

L21. **¿Más o menos cuántas horas en total a la semana generalmente (trabaja/trabajó) usted por pago o con un ingreso, contando todos los trabajos o empleos?**

CATI: INTERVIEWER NOTE: IF HOURS VARY, AVERAGE HOURS PER WEEK.

CATI PROBE: **Su mejor estimación está bien.**

WEB: **Si las horas varían, por favor anote el promedio de horas por semana. *(Su major estimación está bien.)***

 | | | HOURS / HORAS

(RANGE 0-99)

DON’T KNOW d

REFUSED r

NO L22 TO L23 THIS VERSION

|  |
| --- |
| VERSION BOX L3IF FIRST TIME THIS RESPONDENT IS INTERVIEWED, ASK L24, ELSE GO TO SECTION M. |

{IF SC9 OR RESPONDENT FLAG = 15-30, d, r}

L24. **What is the highest grade or year of school that you completed?**

 CATI ONLY: NOTE: If ‘high school’, PROBE: **What is the last grade you completed?**

CATI ONLY: NOTE: If ‘college’, PROBE: **Did you receive a degree? If yes, what type of degree?**

{IF SC9 OR RESPONDENT FLAG = 15-30, d, r}

L24. **¿Cuál es el grado o año de estudios más alto que usted completó?**

 CATI ONLY: NOTE: If ‘high school’, PROBE: **¿Cuál es el último grado o año que usted completó?**

 CATI ONLY: NOTE: If ‘college’, PROBE: **¿Recibió usted un título? ¿Qué tipo de título?**

*Select one only / Seleccione sólo una*

8TH GRADE OR LOWER/ 8o GRADO O MENOS 1

9TH TO 11TH GRADE/ 9o A 11er GRADO 2

12TH GRADE BUT NO DIPLOMA/ 12o GRADO PERO SIN DIPLOMA 3

HIGH SCHOOL DIPLOMA OR EQUIVALENT/ DIPLOMA DE SECUNDARIA O EQUIVALENTE 4

VOCATIONAL/TECHNICAL PROGRAM AFTER HIGH SCHOOL BUT NO VOCATIONAL/TECHNICAL DIPLOMA/ PROGRAMA VOCACIONAL O TÉCNICO DESPUÉS DE SECUNDARIO PERO SIN DIPLOMA VOCACIONAL//TÉCNICO 5

VOCATIONAL/TECHNICAL DIPLOMA AFTER HIGH SCHOOL/ DIPLOMA VOCACIONAL/ TÉCNICO DESPUÉS DE SECUNDARIA 6

SOME COLLEGE BUT NO DEGREE/ ALGO DE UNIVERSIDAD PERO SIN TÍTULO 7

ASSOCIATE’S DEGREE/ TÍTULO DE ASISTENTE 8

BACHELOR’S DEGREE/
TÍTULO DE LICENCIATURA 9

GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE/ POSTGRADO O ESTUDIO PROFESIONAL PERO SIN DIPLOMA 10

MASTER’S DEGREE (MA, MS)/ MAESTRÍA (MA,MS) 11

DOCTORATE DEGREE (PHD, EDD)/ DOCTORADO (PHD, EDD) 12

PROFESSIONAL DEGREE AFTER BACHELOR’S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)/ TÍTULO PROFESIONAL DESPUÉS DE LICENCIATURA (MEDICIAN/MD; ODONTOLOGÍA/DDS; LEYES/JD/LLB; ETC.) 13

DON’T KNOW d

REFUSED r

|  |
| --- |
| **M. INCOME AND HOUSING** |

M1. **In the past six months, did you or anyone in your household receive any income or support from {INSERT a-h}**

*Select one per row*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES | NO | DON’T KNOW | REFUSED |
| a. **[FILL WITH State Welfare name from Box M1a] or welfare?**  | 1 | 0 | d | R |
| b. **Unemployment insurance?**  | 1 | 0 | d | R |
| c. **Food Stamps or SNAP benefits?**  | 1 | 0 | d | R |
| d. **WIC or the Special Supplemental Food Program for Women, Infants, and Children?**  | 1 | 0 | d | R |
| e. **Child support?**  | 1 | 0 | d | R |
| f. **SSI or Social Security Retirement, Disability, or Survivor’s benefits?**  | 1 | 0 | d | R |
| g. **Payments for providing foster care, guardianship subsidies, or adoption assistance?**  | 1 | 0 | d | R |
| h. **Energy assistance?**  | 1 | 0 | d | R |

M1. **En los últimos seis meses, ¿recibió usted o alguien en su hogar ingresos o ayuda de {INSERT a-h}**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SÍ | NO | DON’T KNOW | REFUSED |
| a. **[State Welfare name from Box M1a] o asistencia pública o welfare?**  | 1 | 0 | d | r |
| b. **Seguro por desempleo ?**  | 1 | 0 | d | r |
| c. **Cupones de alimentos o beneficios SNAP?**  | 1 | 0 | d | r |
| d. **WIC - Programa Especial de Nutrición Suplementaria para Mujeres, Infantes, y Niños?**  | 1 | 0 | d | r |
| e. **Manutención de niños?**  | 1 | 0 | d | r |
| f. **SSI o beneficios de Seguro Social, beneficios por incapacidad, o beneficios de sobreviviente?**  | 1 | 0 | d | r |
| g. **Pagos por proveer cuidado de crianza o “foster care”, subsidios para guardianes o asistencia de adopción?**  | 1 | 0 | d | r |
| h. **Ayuda para pagar la energía?**  | 1 | 0 | d | r |

|  |
| --- |
| **BOX M1a****STATE WELFARE AGENCIES** |
| **Alabama** | FA (Family Assistance Program) | **Nebraska** | Employment First |
| **Alaska** | ATAP (Alaska Temporary Assistance Program) | **Nevada** | TANF |
| **Arizona** | EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility), TANF, cash assistance | **New Hampshire** | FAP (Family Assistance Program), financial aid for work exempt familiesNHEP (New Hampshire Employment Program), financial aid for work-mandated families |
| **Arkansas** | TEA (Transitional Employment Assistance) | **New Jersey** | WFNJ (Work First New Jersey) |
| **California** | CALWORKS (California Work Opportunity and Responsibility for Kids) | **New Mexico** | NM Works |
| **Colorado** | Colorado Works | **New York** | FA (Family Assistance Program), SNA (Safety Net Assistance) |
| **Connecticut** | JOBS FIRST | **North Carolina** | Work First |
| **Delaware** | ABC (A Better Chance) | **North Dakota** | TEEM (Training, Employment, Education Management) |
| **District of Columbia** | TANF | **Ohio** | OWF (Ohio Works First) |
| **Florida** | Welfare Transition Program | **Oklahoma** | TANF |
| **Georgia** | TANF | **Oregon** | JOBS (Job Opportunities and Basic Skills) |
| **Hawaii** | TANF | **Pennsylvania** | Pennsylvania TANF |
| **Idaho** | Temporary Assistance For Families in Idaho | **Rhode Island** | FIP (Family Independence Program) |
| **Illinois** | TANF | **South Carolina** | Family Independence |
| **Indiana** | TANF, cash assistance, IMPACT (Indiana Manpower Placement and Comprehensive Training, TANF work program | **South Dakota** | TANF |
| **Iowa** | FIP (Family Investment Program) | **Tennessee** | Families First |
| **Kansas** | Kansas Works | **Texas** | Texas Works (Department of Human Services), cash assistanceChoices (Texas Workforce Commission, TANF work program |
| **Kentucky** | K-TAP (Kentucky Transitional Assistance Program) | **Utah** | FEP (Family Employment Program) |
| **Louisiana** | FITAP (Family Independence Temporary Assistance Program) cash assistanceSTEP (Strategies to Empower People) | **Vermont** | ANFC (Aid to Families with Needy Children), cash assistanceReach Up, TANF work program |
| **Maine** | TANF, cash assistanceASPIRE (Additional Support for People in Retraining and Employment), TANF work program  |  |  |
| **Maryland** | FIP (Family Investment Program)  |  |  |
| **Massachusetts** | TAFDC (Transitional Aid to Families with Dependent Children), cash assistanceESP (Employment Services Program), TANF work program | **Virginia** | VIEW (Virginia Initiative for Employment, Not Welfare) |
| **Michigan** | FIP (Family Independence Program) | **Washington** | WorkFirst |
| **Minnesota** | MFIP (Minnesota Family Investment Program) | **West Virginia** | West Virginia Works |
| **Mississippi** | TANF | **Wisconsin** | W-2 (Wisconsin Works) |
| **Missouri** | Beyond Welfare | **Wyoming** | POWER (Personal Opportunities With Employment Responsibility) |
| **Montana** | FAIM (Families Achieving Independence in Montana) |  |  |

NO M2 THIS VERSION

M3\_amt and M3\_per.

**In the last 12 months, what was the total income of all members of your household from all sources before taxes and other deductions? Please include your own income and the income of everyone living with you. Please include the money you have told me about from jobs and public assistance programs, as well as any sources we haven’t discussed, such as rental income, interest, and dividends.**

(RANGE 0-999,999)

CATI ONLY:PROBE: **Is that income per hour, per day, per week, every two weeks, for a month, or for a year?**

$ | | | |**,**| | | | PER | | | CODE

GO TO VERSION BOX M9

**per hour,** 1

**per day,** 2

**per week,** 3

**every two weeks,** 4

**month, or** 5

**year?** 6

OTHER (SPECIFY) 7

DON’T KNOW d

REFUSED r

M3\_amt and M3\_per.

**En los últimos 12 meses, ¿cuál fue el ingreso total de todos los miembros de su hogar, de todas las fuentes, antes de impuestos y otras deducciones? Por favor incluya sus propios ingresos y los de todas las otras personas que viven con usted. Por favor incluya el dinero del que ya me ha hablado, de trabajos y programas de asistencia pública, así como de cualquier otra fuente que no hayamos mencionado, como ingresos de alquiler o rentas, intereses y dividendos.**

CATI ONLY: PROBE:¿**Este ingreso es por hora, por día, por semana, cada dos semanas, por mes, o por año?**

$ |\_\_\_|\_\_\_|\_\_\_|**,**|\_\_\_|\_\_\_|\_\_\_| PER |\_\_\_|\_\_\_| CODE

GO TO VERSION BOX M9

**por hora,** 1

**al día,** 2

**a la semana,** 3

**cada dos semanas,** 4

**al mes, o** 5

**al año?** 6

OTHER (SPECIFY) 7

DON’T KNOW d

|  |
| --- |
| WEB SOFT CHECK: IF M3\_amt IS OUT OF RANGE; **You entered [M3\_amt]. Please update or confirm your response and continue.** **Usted anotó [M3\_amt]. Por favor corrija o confirme su respuesta y continúe.** |

{IF M3=d, r}

M4. CATI: **I just need a range. Was it…**

 WEB: **Was it…**

**$25,000 or less, or** 1 GO TO M5

**more than $25,000?** 2GO TO M6

DON’T KNOW d

 GO TO

VERSION BOX M9

REFUSED r

{IF M3=d, r}

M4. CATI: **Solamente necesito un rango. ¿Fue…**

 WEB: **¿Fue…**

**$25,000 o menos, o** 1 GO TO M5

**más de $25,000?** 2GO TO M6

DON’T KNOW d

GO TO

VERSION BOX M9

REFUSED r

{IF M4=1}

M5. **Was it…**

**$5,000 or less,** 1

GO TO

VERSION BOX M9

**$5,001 to $10,000,** 2

**$10,001 to $15,000,** 3

**$15,001 to $20,000, or** 4

**$20,001 to $25,000?** 5

DON’T KNOW d

REFUSED r

{IF M4=1}

M5. **¿Fue…**

**$5,000 o menos,** 1

GO TO

VERSION BOX M9

**entre $5,001 y $10,000,** 2

**entre $10,001 y $15,000,** 3

**entre $15,001 y $20,000, o** 4

**entre $20,001 y $25,000?** 5

DON’T KNOW d

REFUSED r

{IF M4=2}

M6. **Was it…**

**$25,001 to $30,000,** 6

GO TO

VERSION BOX M9

**$30,001 to $35,000,** 7

**$35,001 to $40,000,** 8

**$40,001 to $50,000,** 9

**$50,001 to $75,000, or** 10

**more than $75,000?** 11

DON’T KNOW d

REFUSED r

{IF M4=2}

M6. **¿Fue…**

**entre $25,001 y $30,000,** 6

**entre $30,001 y $35,000,** 7

**entre $35,001 y $40,000,** 8

**entre $40,001 y $50,000,** 9

**entre $50,001 y $75,000, o** 10

**más de $75,000?** 11

DON’T KNOW d

REFUSED r

NO M7 TO M8 THIS VERSION

|  |
| --- |
| VERSION BOX M9IF FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED, ASK M9 – M18. ELSE, GO TO SECTION N. |

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M9. CATI: **Do you currently own your home or apartment, pay rent, live in public or subsidized housing, or live with someone else?**

 CATI PROBE IF RESPONDENT SAYS “RENTS”: **Do you rent with or without public assistance?**

M9. CATI: **¿Actualmente es usted dueño(a) de su casa o apartamento, paga renta, o vive en vivienda pública o subsidiada?**

 CATI PROBE IF RESPONDENT SAYS “RENTS”: **¿Alquila con o sin asistencia pública?**

*Select one only / Seleccione sólo una*

OWN OR BUYING HOME OR APARTMENT/ DUEÑO(A) O COMPRANDO CASA O APARTAMENTO 1

RENT (WITHOUT PUBLIC ASSISTANCE)/
RENTA (SIN ASISTENCIA PÚBLICA) 2

PUBLIC OR SUBSIDIZED HOUSING/
VIVIENDA PÚBLICA O SUBSIDIADA 3

SOME OTHER ARRANGEMENT (SPECIFY)/
ALGÚN OTRO ARREGLO (ESPECIFIQUE) 4

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIVE WITH SOMEONE ELSE (WHETHER YOU PAY RENT OR NOT)/ VIVE CON ALGUIEN, PAGANDO O SIN PAGAR RENTA 5

DON’T KNOW d

REFUSED r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M10. **People do different things when they are running out of money for food to make their food or food money go further.**

CATI: **For each statement I read, tell me if it was often true, sometimes true, or never true for (you/your household). In the last 12 months {INSERT a, b}**

WEB: **For each statement below, indicate if it was often true, sometimes true, or never true for [you/your household]. In the last 12 months…**

|  |
| --- |
| BOX M10aIF MORE THAN ONE ADULT IN HOUSEHOLD {B4 a - k > 17}, FILL “we”, OTHERWISE, FILL “I” |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | OFTEN TRUE | SOMETIMES TRUE | NEVER TRUE | DON’T KNOW | REFUSED |
| a. **The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more.** … | 1 | 2 | 3 | d | r |
| b. **(I/We) couldn’t afford to eat balanced meals.** ………………... | 1 | 2 | 3 | d | r |

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M10. **Cuando se están quedando sin dinero para comer, las personas hacen diferentes cosas para hacer que la comida o el dinero para la comida les dure más.**

CATI: **Para cada afirmación que yo lea, dígame si eso fue cierto con frecuencia, a veces, o nunca para (usted/su hogar). En los últimos 12 meses** **{INSERT a, b}**

WEB: **Para cada afirmación que yo lea, indique si eso fue cierto con frecuencia, a veces, o nunca para [usted/su hogar]. En los últimos 12 meses…**

|  |
| --- |
| BOX M10aIF MORE THAN ONE ADULT IN HOUSEHOLD {B4 a - k > 17}, FILL “nosotros”, OTHERWISE, FILL “yo” |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | CON FRECUENCIA | A VECES | NUNCA | DON’T KNOW | REFUSED |
| a. **La comida que (yo compraba/nosotros comprábamos) simplemente no duraba, y (no tenía/no teníamos) dinero para comprar más**  | 1 | 2 | 3 | d | r |
| b. **No tenía(mos) suficiente dinero para comidas balanceadas**  | 1 | 2 | 3 | d | r |

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M11. **In the last 12 months, did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn’t enough money for food?**

M11. **En los últimos 12 meses, ¿alguna vez (usted u otros adultos en su hogar) (redujo/redujeron) el tamaño de sus propias comidas o no (comió/comieron) alguna comida porque no había suficiente dinero para alimentos?**

YES/Sí 1

NO 0

GO TO M13

DON’T KNOW d

REFUSED r

{IF M11=1}

M12. **How often did this happen? Would you say…**

 *Select one only*

**almost every month,** 1

**some months, but not every month, or** 2

**in only 1 or 2 months?** 3

DON’T KNOW d

REFUSED r

{IF M11=1}

M12. **¿Con qué frecuencia ocurrió eso? ¿Diría…**

 *Seleccione sólo una*

**casi todos los meses,** 1

**algunos meses, pero no todoslos meses, o** 2

**sólo 1 ó 2 meses?** 3

DON’T KNOW d

REFUSED r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M13. **In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money to buy food?**

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M13. **En los últimos 12 meses, ¿alguna vez comió menos de lo que pensaba que debería de comer porque no había suficiente dinero para comprar comida?**

YES/Sí 1

NO 0

DON’T KNOW d

REFUSED r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M14. **In the last 12 months, were you ever hungry but didn’t eat because you couldn’t afford enough food?**

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M14. **En los últimos 12 meses, ¿alguna vez tuvo hambre pero no comió porque no tenía suficiente dinero para comprar comida?**

YES/Sí 1

NO 0

DON’T KNOW d

REFUSED r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M15. **Please think about how you feel about your family's economic situation. For each statement, indicate how much you agree or disagree.**

CATI ONLY: **Would you say strongly agree, agree, neutral, disagree, or strongly disagree?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Don’t Know | Refused |
| **a. My family has enough money to afford the kind of home we need.** …… | 1 | 2 | 3 | 4 | 5 | d | r |
| **b. We have enough money to afford the kind of clothing we need.** …….. | 1 | 2 | 3 | 4 | 5 | d | r |
| **c. We have enough money to afford the kind of food we need.** ………….. | 1 | 2 | 3 | 4 | 5 | d | r |
| **d. We have enough money to afford the kind of medical care we need.** .. | 1 | 2 | 3 | 4 | 5 | d | r |

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

**M15. Por favor piense en cómo se siente acerca de la situación económica de su familia. Para cada frase, indique su grado de acuerdo o desacuerdo.**

CATI ONLY: **¿Diría que está muy de acuerdo, de acuerdo, neutral, en desacuerdo o muy en desacuerdo?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Muy de acuerdo | De acuerdo | NEUTRAL | en desacuerdo | muy en desacuerdo | Don’t Know | Refused |
| 1. **Mi familia tiene suficiente dinero para permitirse el tipo de casa que necesitamos**
 | 1 | 2 | 3 | 4 | 5 | d | r |
| 1. **Tenemos suficiente dinero para permitirnos el tipo de ropa que necesitamos**
 | 1 | 2 | 3 | 4 | 5 | d | r |
| **c. Tenemos suficiente dinero para permitirnos el tipo de comida que necesitamos** | 1 | 2 | 3 | 4 | 5 | d | r |
| **d. Tenemos suficiente dinero para permitirnos el tipo de cuidado médico que necesitamos** | 1 | 2 | 3 | 4 | 5 | d | r |

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M16. **Think back over the past 12 months. How much difficulty did you have with paying your bills each month? Would you say you had…**

 *Select one only*

**a great deal of difficulty,** 1

**quite a bit of difficulty,** 2

**some difficulty,** 3

**a little difficulty or,** 4

**no difficulty at all?** 5

DON’T KNOW d

REFUSED r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M16. **Pensando en los últimos 12 meses, ¿cuánta dificultad ha tenido usted para pagar sus cuentas cada mes? ¿Diría que tenía…**

 *Seleccione sólo una*

**gran dificultad,** 1

**bastante dificultad,** 2

**alguna dificultad,** 3

**un poco de dificultad o,** 4

**ninguna dificultad?** 5

DON’T KNOW d

REFUSED r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M17. **Think again over the past 12 months. Generally, at the end of each month do you end up with...**

 *Select one only*

**not enough to make ends meet,** 1

**almost enough to make ends meet,** 2

**just enough to make ends meet,** 3

**some money left over, or** 4

**more than enough money left over?** 5

DON’T KNOW d

REFUSED r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M17. **Pensando otra vez en los últimos 12 meses, generalmente, al fin de cada mes, ¿usted se encuentra con…**

 *Seleccione sólo una*

**falta de dinero para cubrir sus gastos,**  1

**casi suficiente dinero para cubrir sus gastos,** 2

**justo suficiente dinero para cubrir sus gastos,** 3

**algún dinero de sobra, o** 4

**más que suficiente dinero sobrante?**  5

DON’T KNOW d

REFUSED r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

**M18\_Intro.**

**Some families have a hard time paying for all of the things they need. The next questions are about some of the basic things families need. Please choose the answer that best matches your experience of being able to afford things in the past 12 months.**

**Algunas familias tienen dificultad para pagar por todas las cosas que necesitan. Las siguientes preguntas son acerca de las necesidades básicas de las familias. Por favor elija la respuesta que mejor se adapte a sus experiencias de poder pagar las cosas en los últimos 12 meses.**

M18. **In the past 12 months, has there been a time when you and your family** {INSERT a-g}

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES | NO | DON’T KNOW | REFUSED |
| a. **Had someone who needed to see a doctor or go to the hospital but couldn’t go for any financial reason (like couldn’t pay the bill or couldn’t afford transportation or child care)?**  | 1 | 0 | d | r |
| b. **Had someone who needed to see a dentist but couldn’t go for any financial reason (like couldn’t pay the bill or couldn’t afford transportation or child care)?**  | 1 | 0 | d | r |
| c. **Were without telephone or cell phone service for any financial reason, like that you couldn't pay the bill?**  | 1 | 0 | d | r |
| d. **Didn't pay the full amount of the rent or mortgage?**  | 1 | 0 | d | r |
| e. **Were evicted from your home or apartment for not paying the rent or mortgage?**  | 1 | 0 | d | r |
| f. **Had service turned off by the gas or electric company, or the oil company wouldn't deliver oil, because payments were not made?**  | 1 | 0 | d | r |
| g. **Had the water to your home turned off because payments were not made?**  | 1 | 0 | d | r |

M18. **En los últimos 12 meses, ¿hubo una vez en la que usted y su familia** {INSERT a-g}

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SÍ | NO | DON’T KNOW | REFUSED |
| a. **¿Tuvieron alguien que necesitaba ir al médico o al hospital pero no pudo ir por alguna razón financiera (como no poder pagar la cuenta o no poder pagar el transporte o cuidado de niños)?**  | 1 | 0 | d | r |
| b. **¿Tuvieron alguien que necesitaba ir al dentista pero no pudo ir por alguna razón financiara (como no poder pagar la cuenta o no poder pagar el transporte o cuidado de niños)?**  | 1 | 0 | d | r |
| c. **¿Estuvieron sin teléfono o servicio de teléfono celular por alguna razón financiera (como no poder pagar la cuenta)?**  | 1 | 0 | d | r |
| d. **¿No pagaron el monto completo del alquiler o hipoteca?**   | 1 | 0 | d | r |
| e. **¿Fueron desalojados de su casa o apartamento porque no pagaron el alquiler o hipoteca?**  | 1 | 0 | d | r |
| f. **¿La compañía de gas o electricidad les cortó el servicio, o la compañía petrolera no entregaría el petróleo porque no se hicieron los pagos?**  | 1 | 0 | d | r |
| g. **¿Les cortaron el agua a su casa porque no se hicieron los pagos?**  | 1 | 0 | d | r |

|  |
| --- |
| **N. CHILD CARE** |

|  |
| --- |
| VERSION BOX NIF FALL 2019, GO TO N22OTHERWISE, ONLY ASK SECTION N ITEMS IN SPRING 2020.  |

NOTE: WE ARE ONLY INTERESTED IN ATTENDANCE AT A DAY CARE CENTER, NURSERY SCHOOL, PRESCHOOL, OR PRE-KINDERGARTEN PROGRAM ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER HEAD START.

N1. CATI: **Now I’d like to talk to you about all child care [CHILD] now receives on a regular basis in the morning before Head Start and in the afternoon after Head Start.** **This child care may or may not be provided in the same building as [ProgramName].**

WEB: **The next questions are about all child care [CHILD] now receives on a regular basis in the morning before Head Start and in the afternoon after Head Start. This child care may or may not be provided in the same building as [ProgramName].**

**Is [CHILD] now attending a day care center, nursery school, preschool, or pre‑kindergarten program on a regular basis before or after Head Start?**

**N1.** CATI: **Ahora me gustaría hablar acerca de todo el cuidado de niños que [CHILD] recibe ahora regularmente en la mañana antes de Head Start y en la tarde después de Head Start. Este cuidado de niños puede, o no, ser proporcionado en el mismo edificio que [ProgramName].**

WEB: **Las siguientes preguntas son acerca de todo el cuidado de niños que [CHILD] recibe ahora en forma regular en la mañana antes de Head Start y en la tarde después de Head Start. Este cuidado de niños puede, o no, ser proporcionado en el mismo edificio que [ProgramName].**

 **¿Está [CHILD] asistiendo regularmente ahora a un centro de cuidado diurno, una guardería, un programa preescolar o de pre-kindergarten, antes o después de Head Start?**

YES/Sí 1

NO 0

GO TO N6

DON’T KNOW d

REFUSED r

NO N2 TO N5 THIS VERSION

N6. **Is [CHILD] now receiving care from a relative other than** (IF SC9 OR RESPONDENT FLAG =11...16) **you/**(ELSE) **a parent) on a regular basis, in the morning before or in the afternoon after Head Start?** **For example, please include care from grandparents, brothers or sisters, or any other relative.**

NOTE: **Do not include care by the child’s [father/mother/parents], even if [he does/she does/they do] not live with the child.**

N6. **¿Está [CHILD] recibiendo ahora cuidado en forma regular de un pariente que no sea [usted/uno de los padres], en la mañana antes o en la tarde después de Head Start? Por ejemplo, por favor incluya cuidado de abuelos, hermanos o hermanas, o algún otro pariente.**

NOTE: **No incluya cuidado por [el padre/la madre/los padres] del niño, aun si [él/ella/ellos] no vive(n) con el niño.**

YES/Sí 1

NO 0

DON’T KNOW d

REFUSED r

NO N7 TO N12 THIS VERSION

N13. **Is [CHILD] now receiving care on a regular basis from anyone else in a private home in the morning before Head Start or in the afternoon after Head Start?**

N13. **¿Está [CHILD] recibiendo ahora cuidado en forma regular de alguien más en una casa privada, en la mañana antes o en la tarde después de Head Start?**

YES/Sí 1

NO 0

DON’T KNOW d

REFUSED r

NO N14 TO N19 THIS VERSION

{IF N1, N6, OR N13 = 1}

N20. **Thinking of all the child care you use for [CHILD] before or after Head Start, how many days a week is (he/she) in child care before or after Head Start, on average?**

{IF N1, N6, OR N13 = 1}

N20. **Pensando en todos los tipos de cuidado de niños que usa para [CHILD] antes o después de Head Start, ¿cuántos días a la semana está (él/ella) en cuidado de niños antes o después de Head Start, en promedio?**

| | DAYS / DÍAS

(RANGE 0-7)

DON’T KNOW d

REFUSED r

{IF N1, N6, OR N13 = 1}

N21. **And, all together, how many hours a week is [CHILD] typically in care before or after Head Start?**

{IF N1, N6, OR N13 = 1}

N21. **Y en total, ¿cuántas horas a la semana normalmente pasa [CHILD] en cuidado antes o después de ir a Head Start?**

| | | HOURS / HORAS

(RANGE 1-90)

DON’T KNOW d

REFUSED r

{IF FALL 2019}

{IF D7 = 1, DISPLAY OPTIONS 6 AND 10}

N22. **People look for many things when selecting child care arrangements or early childhood programs for their children. What are the top three reasons from the following list for why you selected Head Start for [CHILD'S] care arrangement?**

*Select up to 3*

🞏 **A place that will help prepare [CHILD] for kindergarten** 1

🞏 **A place where children can receive services for their special needs** 2

🞏 **A place close to your home** 3

🞏 **A reasonable cost** 4

🞏 **A small number of children in the same class or group** 5

🞏 **A teacher who speaks English with [CHILD]** 6

🞏 **A teacher who provides flexible hours to fit your schedule** 7

🞏 **A teacher who shares your beliefs about raising children** 8

🞏 **A teacher of the same racial or ethnic background as [CHILD]** 9

🞏 **A teacher who speaks [CHILD]’s home language, or the language (other than English) spoken to the child at home** 10

**🞏 A teacher you already knew** 11

**🞏 A place where people you know had also sent their child (for example, friends, family members)** 12

DON’T KNOW d

REFUSED r

N22. **Las personas buscan muchas cosas al seleccionar arreglos de cuidado de niños o programas de primera infancia para sus niños. ¿Cuáles son las tres razones principales de la lista siguiente por las cuales seleccionó a Head Start como el arreglo de cuidado de niños de [CHILD]?**

*Seleccione hasta tres*

🞏 **Un lugar que ayudará a preparar a [CHILD] para kinder** 1

🞏 **Un lugar en donde los niños pueden recibir servicios para sus necesidades especiales** 2

🞏 **Un lugar cerca de su casa** 3

🞏 **Un costo razonable** 4

🞏 **Una cantidad pequeña de niños en la misma clase o grupo** 5

🞏 **Un maestro que habla inglés con [CHILD]** 6

🞏 **Un maestro que ofrece horarios flexibles que les convengan a sus horarios**  7

🞏 **Un maestro que comparte sus creencias acerca de criar a los niños** 8

🞏 **Un maestro del mismo origen racial o étnico que [CHILD]** 9

🞏 **Un maestro que habla el idioma que [CHILD] habla en casa, o el idioma (además del inglés) hablado al niño en casa**  10

🞏 **Un maestro que ya conocía** 11

🞏 **Un lugar en donde las personas que conoce también habían mandado su niño(a) (por ejemplo, amigos, parientes)** 12

DON’T KNOW d

REFUSED r

{FALL 2019 AND SPRING 2020}

N23. **Now I’d like to hear about your child care plans for next year.** **Where do you plan to send [CHILD] for care next year?**

**To the same Head Start center** 1

**To a different Head Start center** 2

**To another preschool** 3

**To child care provided by a relative or by someone else in their home** 4

[CHILD] is going to kindergarten 5

Other (specify) 6

DON’T KNOW d

REFUSED r

N23. **Ahora quisiera saber de sus planes de cuidado de niños para el próximo año. ¿A dónde planea mandar a [CHILD] para cuidado el próximo año?**

**Al mismo centro de Head Start** 1

**A otro centro de Head Start** 2

**A otro programa de preescolar** 3

**A cuidado de niños proporcionado por un pariente o familiar u otra persona en su hogar** 4

**[CHILD] va a kindergarten** 5

**Otro (especifique)** 6

DON’T KNOW d

REFUSED r

{IF N23=2, 3, 4 OR 6}

{IF D7 = 1, DISPLAY OPTION 10}

N24. **Why do you plan to send [CHILD] someplace new for child care next year?**

*Select all that apply*

🞏 **Offers services for child’s special need(s)** 2

🞏 **Close to home** 3

🞏 **Cost** 4

🞏 **Has flexible hours to fit your schedule** 7

🞏 **Has a teacher who speaks [CHILD]’s home language, or the language (other than English) spoken to the child at home** 10

🞏 **Has a teacher you already know** 11

🞏 **Know family or friends who had also sent their child** 12

🞏 **Other (specify)** 13

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DON’T KNOW d

REFUSED r

N24. **¿Por qué planea mandar a [CHILD] a algún lugar nuevo para cuidado de niños el próximo año?**

*Seleccione todas las que aplican*

🞏 **Ofrece servicios para necesidades especiales del niño**  2

🞏 **Más cerca de casa** 3

🞏 **Costo** 4

🞏 **Tiene horarios flexibles que les convengan a sus horarios**  7

🞏 **Tiene un maestro que habla el idioma que [CHILD] habla en casa, o el idioma (además del inglés) hablado al niño en casa** 10

🞏 **Tiene un maestro que ya conoce** 11

🞏 **Conoce amigos, o parientes que también habían mandado su niño(a)** 12

🞏 **Otro (especifique)** 13

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DON’T KNOW d

REFUSED r

NO SECTION O THIS VERSION

|  |
| --- |
| P. CHILD HEALTH |

P1. **The next questions are about [CHILD]’s health and health related issues.**

**Overall, would you say [CHILD]’s health is…**

**excellent,** 1

**very good,** 2

**good,** 3

**fair or,** 4

**poor?** 5

DON’T KNOW d

REFUSED r

P1. **Las siguientes preguntas son sobre la salud de [CHILD] y asuntos relacionados con la salud.**

**En general, ¿diría que la salud de [CHILD] es…**

**excelente,** 1

**muy buena,** 2

**buena,** 3

**regular o,** 4

**mala?** 5

DON’T KNOW d

REFUSED r

NO P2-P4 THIS VERSION

P4a. **Where does [CHILD] usually go if [he/she] is sick or you have concerns about [his/her] health?**

P4a. **¿Adónde va generalmente [CHILD] si [êl/ella] está enfermo(a) o si usted tiene preocupaciones sobre la salud de [él/ella/él o ella]?**

 CODE ONLY ONE

A PRIVATE DOCTOR, PRIVATE CLINIC, OR HMO/ Un doctor privado, clínica privada
o HMO 1

AN OUTPATIENT CLINIC RUN BY A HOSPITAL/ Una clínica de pacientes ambulatorios administrada por un hospital 2

THE EMERGENCY ROOM AT A HOSPITAL/
La sala de emergencia de un hospital 3

PUBLIC HEALTH DEPARTMENT OR COMMUNITY HEALTH CENTER/ Departamento de salud pública o Centro de salud de la comunidad 4

A MIGRANT HEALTH CLINIC/
Una clínica de salud de migrantes 5

THE INDIAN HEALTH SERVICE/ El Servicio de Salud de Indios 6

URGENT CARE/ Atención de urgencias 8

SOMEPLACE ELSE (SPECIFY)/ Algún otro lugar (Especifique) 7

DON’T KNOW d

REFUSED r

P5. **Where does [CHILD] usually go for routine medical care, like well-child care or regular check-ups?**

P5. **¿Adónde va [CHILD] generalmente para recibir atención médica de rutina, como cuidado de niño sano, o chequeos regulares?**

*Select one only / Seleccione sólo una*

DOESN’T GET PREVENTIVE CARE/THERE IS NO REGULAR PLACE/ No recibe cuidado de prevención/No hay un lugar regular 0 GO TO P5a

A PRIVATE DOCTOR, PRIVATE CLINIC, OR HMO/ Un doctor privado, clínica
privada o HMO 1

AN OUTPATIENT CLINIC RUN BY A HOSPITAL/ Una clínica de pacientes ambulatorios administrada por un hospital 2

THE EMERGENCY ROOM AT A HOSPITAL/
La sala de emergencia de un hospital 3

PUBLIC HEALTH DEPARTMENT OR COMMUNITY HEALTH CENTER/ Departamento de salud pública o Centro de salud de la comunidad 4

A MIGRANT HEALTH CLINIC/ Una clínica de salud de migrantes 5

THE INDIAN HEALTH SERVICE/ El Servicio de Salud de Indios 6

URGENT CARE/Atención de urgencia 8

SOMEPLACE ELSE (SPECIFY)/ Algún otro lugar (especifique) 7

DON’T KNOW d GO TO P5a

REFUSED r GO TO P5a

{IF P5=0,d,r}

P5a. **Does [CHILD] have a regular health care provider?**

{IF P5=0,d,r}}

P5a. **¿Tiene [CHILD] un proveedor regular de servicios de salud?**

YES/Sí 1

NO 0

DON’T KNOW d

REFUSED r

NO P6 TO P8 THIS VERSION

P8a. **Is there a particular dentist or dental clinic that you take [CHILD] for dental care or advice?**

P8a. **¿Hay un dentista o clínica dental en particular al cual usted lleva a [CHILD] para obtener cuidado o consejo dental?**

YES/Sí 1

NO 2

DON’T KNOW d

REFUSED r

NO P17 TO P43 THIS VERSION

NO SECTIONS Q, R THIS VERSION

|  |
| --- |
| **T. SOCIAL SUPPORT** |

{IF FALL 2019 OR SPRING 2020 and NO PREVIOUS INTERVIEW}

T1. CATI: **Now I’m going to read some statements about other kinds of help you may get. Please tell me whether each statement is never true for you, sometimes true for you, or always true for you.**

CATI PROBE: **Would you say it is never true for you, sometimes true for you, or always true for you?**

WEB: **Below are statements about other kinds of help you may get. How often is each statement true for you?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NEVER TRUE | SOMETIMES TRUE | ALWAYS TRUE | DON’T KNOW | REFUSED |
| a. **If I need to do an errand, I can easily find someone to watch [CHILD]** …………….. | 1 | 2 | 3 | d | r |
| b. **If I need a ride to get [CHILD] to the doctor, friends or family will help me** …………………………… | 1 | 2 | 3 | d | r |
| c. **If [CHILD] is sick, friends or family will call or come by to check on how things are going** ………………………… | 1 | 2 | 3 | d | R |
| g. **If I need a place to stay, I can find someone to provide me and [CHILD] with a place to live** …….. | 1 | 2 | 3 | d | R |
| e. **If I have an emergency and need cash, family or friends will loan it to me** …. | 1 | 2 | 3 | d | R |
| h. **If I have problems buying food, I have someone to go to for a meal** | 1 | 2 | 3 | d | R |

T1. CATI: **Ahora voy a leer algunas frases acerca de otros tipos de ayuda que pueda recibir. Por favor dígame si cada frase nunca es cierta para usted, a veces es cierta para usted, o siempre es cierta para usted.**

CATI PROBE: **¿Diría que nunca es cierta para usted, a veces es cierta para usted, o siempre cierta es para usted?**

WEB: **A continuación hay frases acerca de otros tipos de ayuda que pueda recibir. ¿Con que frecuencia es cada frase cierta para usted?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NUNCA CIERTA  | A VECES CIERTA | SIEMPRE CIERTA | DON’T KNOW | REFUSED |
| a. **Si necesito hacer un mandado, es fácil encontrar alguien para cuidar a [CHILD]……………..** | 1 | 2 | 3 | d | r |
| b. **Si necesito que alguien le lleve a [CHILD] al médico, amigos o familiares me ayudarán** ……………………… | 1 | 2 | 3 | d | r |
| c. **Si [CHILD] está enfermo(a), amigos o familiares llamarán o pasarán por mi casa para ver cómo están las cosas** … | 1 | 2 | 3 | d | R |
| g. **Si necesito un lugar para quedarme, puedo encontrar a alguien para darme a mí y a [CHILD] un lugar para vivir …..** | 1 | 2 | 3 | d | R |
| e. **Si tengo una emergencia y necesito efectivo, familiares o amigos me lo prestarán** …. | 1 | 2 | 3 | d | R |
| h. **Si tengo problemas para comprar comida tengo a quién ir por una comida** | 1 | 2 | 3 | d | R |

|  |
| --- |
| **U. YOUR FEELINGS** |

U1.CATI: **The next questions are about how you have felt about yourself and your life in the past week. There are no right or wrong answers.**

 **I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt or behaved this way during the past week. First . . . (INSERT ITEM)**

 **[ITEM].**

 **Did you feel this way rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time in the past week?**

 NOTE: REFER TO DEFINITION FOR UC-1 “SHAKE OFF THE BLUES” AS NEEDED.

WEB: **The next questions are about how you have felt about yourself and your life in the past week. There are no right or wrong answers.**

**Please select if you felt this way rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time in the past week.**

Click here for a defintion of “shake off the blues.”

DEFINITION:

Not being able to “shake off the blues” refers to feeling sad, unhappy, miserable, or down in the dumps for short periods.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | RARELY OR NEVER | SOME OR A LITTLE | OCCASIONALLY OR MODERATELY | MOST OR ALL | DON’T KNOW | REFUSED |
| a. **Bothered by things that usually don’t bother you**  | 1 | 2 | 3 | 4 | d | r |
| b. **You did not feel like eating, your appetite was poor**  | 1 | 2 | 3 | 4 | d | r |
| c. **You could not shake off the blues, even with help from your family and friends**  | 1 | 2 | 3 | 4 | d | r |
| d. **You had trouble keeping your mind on what you were doing** | 1 | 2 | 3 | 4 | d | r |
| e. **Depressed**  | 1 | 2 | 3 | 4 | d | r |
| f. **That everything you did was an effort** | 1 | 2 | 3 | 4 | d | r |
| g. **Fearful**  | 1 | 2 | 3 | 4 | d | r |
| h. **Your sleep was restless**  | 1 | 2 | 3 | 4 | d | r |
| i. **You talked less than usual**  | 1 | 2 | 3 | 4 | d | r |
| j. **Lonely**  | 1 | 2 | 3 | 4 | d | r |
| k. **Sad**  | 1 | 2 | 3 | 4 | d | r |
| l. **You could not get “going”**  | 1 | 2 | 3 | 4 | d | r |

U1.CATI: **Las siguientes preguntas son acerca de cómo se ha sentido en la última semana con respecto a usted mismo(a) y a su vida. No hay respuestas correctas ni incorrectas.**

 **Le voy a leer una lista de maneras en que usted puede haberse sentido o comportado. Por favor dígame con qué frecuencia se ha sentido o comportado así durante la última semana. Primero…(INSERT ITEM)**

 **[ITEM].**

**¿Se sintió así rara vez o nunca, algo o un poco, ocasionalmente o una cantidad moderada de tiempo, o la mayor parte o todo el tiempo** **en la última semana?**

 NOTE: REFER TO DEFINITION FOR UC-1 “SHAKE OFF THE BLUES (quitarse la tristeza)” AS NEEDED.

WEB: **Las siguientes preguntas son acerca de cómo se ha sentido en la última semana con respecto a usted mismo(a) y a su vida. No hay respuestas correctas ni incorrectas.**

 **Por favor seleccione si se sintió así rara vez o nunca, algo o un poco, ocasionalmente o una cantidad moderada de tiempo, o la mayor parte o todo el tiempo en la última semana.**

(Haga clic aquí para la definición de “quitarse la tristeza”)

|  |
| --- |
| DEFINITION:**No poder “quitarse la tristeza” se refiere a sentirse** **triste, melancólico(a), infeliz, miserable, o deprimido(a), o con bajón por periodos cortos.** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | RARA VEZ O NUNCA | ALGO O UN POCO | OCASIONALMENTE O UNA CANTIDAD MODERADA DE TIEMPO | LA MAYOR PARTE O TODO EL TIEMPO | DON’T KNOW | REFUSED |
| a. **Molesto(a) por cosas que generalmente no le molestan**…. | 1 | 2 | 3 | 4 | d | r |
| b. **No tenía ganas de comer, tenía poco apetito**……………………… | 1 | 2 | 3 | 4 | d | r |
| c. **No podía quitarse la tristeza, ni siquiera con la ayuda de su familia y sus amigos**…………… | 1 | 2 | 3 | 4 | d | r |
| d. **Tenía problemas para concentrarse en lo que estaba haciendo**………………………….. | 1 | 2 | 3 | 4 | d | r |
| e. **Deprimido(a)**………………… | 1 | 2 | 3 | 4 | d | r |
| f. **Que todo lo que usted hizo era un esfuerzo**……………………….. | 1 | 2 | 3 | 4 | d | r |
| g. **Temeroso(a)** …… | 1 | 2 | 3 | 4 | d | r |
| h. **Usted durmió inquieto(a)**………. | 1 | 2 | 3 | 4 | d | r |
| i. **Hablaba menos que lo de costumbre**………………………… | 1 | 2 | 3 | 4 | d | r |
| j. **Solitario(a)**…………………........ | 1 | 2 | 3 | 4 | d | r |
| k. **Triste** .….. | 1 | 2 | 3 | 4 | d | r |
| l. **No podía empezar a hacer nada** ……. | 1 | 2 | 3 | 4 | d | r |

|  |
| --- |
| **W. PROGRAM SATISFACTION AND PRACTICES** |

|  |
| --- |
| VERSION BOX 2IF SPRING 2020 INTERVIEW CONTINUE |

**W\_Intro.**

CATI: **Now I would like to ask you some questions about [CHILD]’s Head Start program.**

**Ahora quisiera hacerle algunas preguntas sobre el programa de Head Start de [CHILD].**

WEB: **The next questions are about [CHILD]’s Head Start program.**

**Las siguientes preguntas son sobre el programa de Head Start de [CHILD].**

W1. **Based on what has happened at Head Start since [CHILD] started the Head Start program, how satisfied are you with how well Head Start is doing in each of the following areas:**

|  | VERY DISSATISFIED | SOMEWHAT DISSATISFIED | SOMEWHAT SATISFIED | VERY SATISFIED | DON’T KNOW | REFUSED | NEVER OFFERED |
| --- | --- | --- | --- | --- | --- | --- | --- |
| c. **Supporting and respecting your family’s culture and background**… | 1 | 2 | 3 | 4 | d | r |  |
| d. **Identifying and providing services for [CHILD]—for example, health screening, help with speech and language development**…….. | 1 | 2 | 3 | 4 | d | r | 🞏 |
| e. **Identifying and helping to provide services that help your family—for example, public assistance, transportation, or job training**………. | 1 | 2 | 3 | 4 | d | r | 🞏 |
| g. **Preparing [CHILD] to enter kindergarten**……… | 1 | 2 | 3 | 4 | d | r |  |
| {IF D7 = 1}j. **Helping [CHILD] to develop English language skills**……. | 1 | 2 | 3 | 4 | d | r |  |
| {IF D7 = 1}k. **Helping [CHILD]’s language development in [FILL LANGUAGE FROM D8]**…………………… | 1 | 2 | 3 | 4 | d | r |  |
| l. **Making you feel welcomed**…………. | 1 | 2 | 3 | 4 | d | r |  |

W1. **Basado en lo que ha pasado en Head Start desde que [CHILD] comenzó el programa de Head Start, ¿qué tan satisfecho(a) está con el desempeño de Head Start en cada una de las siguientes áreas?**

|  | MUY INSATIS-FECHO(A) | ALGO INSATIS-FECHO(A) | ALGO SATIS-FECHO(A) | MUY SATIS-FECHO(A) | DON’T KNOW | REFUSED | NEVER OFFERED |
| --- | --- | --- | --- | --- | --- | --- | --- |
| c. **Apoyar y respetar la cultura y origen de su familia**……...  | 1 | 2 | 3 | 4 | d | r |  |
| d. **Identificar y proporcionar servicios para [CHILD]—por ejemplo revisiones de salud, ayuda con el habla y desarrollo de lenguaje** ………….. | 1 | 2 | 3 | 4 | d | r | 🞏 |
| e. **Identificar y ayudar a proporcionar servicios que le ayudan a su familia—por ejemplo, asistencia pública, transporte o capacitación laboral** …...………. | 1 | 2 | 3 | 4 | d | r | 🞏 |
| g. **Preparar a [CHILD] para ingresar a kínder**……………… | 1 | 2 | 3 | 4 | d | r |  |
| {IF D7 = 1}j. **Ayudar a [CHILD] a desarrollar capacidades de lenguaje en inglés** | 1 | 2 | 3 | 4 | d | r |  |
| {IF D7 = 1}k. **Ayudar a [CHILD] con su desarrollo de lenguaje en [FILL LANGUAGE FROM D8]** ………………… | 1 | 2 | 3 | 4 | d | r |  |
| l. **Hacer que usted se sienta bienvenido(a)** ……. | 1 | 2 | 3 | 4 | d | r |  |

NO W2 TO W4 IN THIS VERSION

W6. **How satisfied are you with [READ a-b]?**

 CATI ONLY: **Would you say very dissatisfied, somewhat dissatisfied, somewhat satisfied or very satisfied?**

|  | VERY DISSATISFIED | SOMEWHAT DISSATISFIED | SOMEWHAT SATISFIED | VERY SATISFIED  | DON’T KNOW | REFUSED |
| --- | --- | --- | --- | --- | --- | --- |
| a. **How close Head Start is to your home**…… | 1 | 2 | 4 | 5 | d | r |
| b. **The hours Head Start is open**…………….... | 1 | 2 | 4 | 5 | d | r |

W6. **¿Qué tan satisfecho(a) está con [READ a-b]?**

 CATI ONLY: **¿Diría que está muy insatisfecho(a), algo insatisfecho(a), algo satisfecho(a), o muy satisfecho(a)?**

|  | MUY INSATIS-FECHO(A) | ALGO INSATIS-FECHO(A) | ALGO SATIS-FECHO(A) | MUY SATIS-FECHO(A) | DON’T KNOW | REFUSED |
| --- | --- | --- | --- | --- | --- | --- |
| a. **La proximidad de Head Start a su casa**………… | 1 | 2 | 4 | 5 | d | r |
| b. **Los horarios en que Head Start está abierto**. | 1 | 2 | 4 | 5 | d | r |

W5. CATI: **The following questions ask you about your experiences with your child’s Head Start program and its staff. For each statement that I read you, please tell me whether you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.**

 PROBE: **Would you say you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree?**

 WEB: **The following statements are about your experiences with your child’s Head Start program and its staff.**

|  | STRONGLY DISAGREE | SOMEWHAT DISAGREE | NEITHER AGREE NOR DISAGREE  | SOMEWHAT AGREE  | STRONGLY AGREE  | DON’T KNOW | REFUSED |
| --- | --- | --- | --- | --- | --- | --- | --- |
| g. **The program staff respect my family’s cultural and/or religious beliefs**……… | 1 | 2 | 3 | 4 | 5 | d | r |
| k. **The program staff encourage me to learn about my culture and history**…………………. | 1 | 2 | 3 | 4 | 5 | d | r |
| m. **The program staff have materials for my child that positively reflect our cultural background**…………… | 1 | 2 | 3 | 4 | 5 | d | r |

W5.CATI: **Las siguientes preguntas son sobre sus experiencias con el programa y el personal de Head Start de su niño(a). Para cada oración que yo le lea, por favor dígame si usted está muy en desacuerdo, algo en desacuerdo, ni de acuerdo ni en desacuerdo, algo de acuerdo o muy de acuerdo.**

PROBE: **¿Diría usted que está muy en desacuerdo, algo en desacuerdo, ni de acuerdo ni en desacuerdo, algo de acuerdo o muy de acuerdo.**

WEB: **Las siguientes frases son sobre sus experiencias con el programa y el personal de Head Start de su niño(a).**

|  | MUY EN DESA-CUERDO | ALGO EN DESA-CUERDO | NI DE ACUERDO NI EN DESA-CUERDO | ALGO DE ACUERDO  | MUY DE ACUERDO | DON’T KNOW | REFUSED |
| --- | --- | --- | --- | --- | --- | --- | --- |
| g. **El personal del programa respeta las creencias culturales y/o religiosas de mi familia.**  | 1 | 2 | 3 | 4 | 5 | d | r |
| k. **El personal del programa me anima a aprender sobre mi cultura e historia.**  | 1 | 2 | 3 | 4 | 5 | d | r |
| m. **El personal del programa tiene material para mi niño(a) que refleja positivamente nuestra historia cultural.**  | 1 | 2 | 3 | 4 | 5 | d | r |

|  |
| --- |
| **X. TRACKING INFORMATION** |

|  |
| --- |
| BOX X1aPROGRAMMING INSTRUCTIONS: PRELOAD ALLINFORMATION FROM DATABASE |

{IF SC2c\_2=1}

**Thank you for your help. My next questions will be about how to contact you in case we have any questions.**

{ SC2c\_2=1}

**Gracias por su ayuda. Mis siguientes preguntas serán sobre cómo puedo ponerme en contacto con usted si tenemos preguntas.**

{IF C2 = 1}

**Thank you for your time. We will send you your thank-you gift card within the next 2 weeks. (**IF FALL 2019: **We plan to interview you again in the spring and we need to know how to get in touch with you.)**

**(**IF FALL 2019 OR SPRING 2020**): My next questions will be about how to contact you or people who will know how to find you.**

{IF C2 = 1}

**Muchas gracias por su tiempo. Vamos a enviarle su tarjeta de regalo para agradecerle dentro de dos semanas. (**IF FALL 2019: **Planeamos entrevistarle nuevamente en la próxima primavera y necesitamos saber cómo ponernos en contacto con usted.)**

**(**IF FALL 2019 OR SPRING 2020**): Mis siguientes preguntas serán acerca de cómo ponernos en contacto con usted o con personas que sabrán cómo encontrarle.**

X1. **First, I would like to verify your telephone number. What is your telephone number?**

X1. **Primero, quisiera verificar su número de teléfono. ¿Cuál es su número de teléfono?**

(| | | |)-| | | |-| | | | |

AREA CODE/ CÓDIGO DE ÁREA

Do not have a telephone number/No tengo un número de

teléfono 1 GO TO X2

DON’T KNOW d GO TO X2

REFUSED r

{IF NUMBER PROVIDED AT X1}

X1a. **Whose name is that number listed under?**

{IF NUMBER PROVIDED AT X1}

X1a. **¿Bajo qué nombre está ese número en la guía telefónica?**

GO TO X3a

NAME/NOMBRE

DON’T KNOW d

GO TO X4

REFUSED r

{IF X1 = 1, d, r}

X2. **Can you give me a number where you can be reached?**

{IF X1 = d, r}

X2. **¿Me puede dar un número donde pueda encontrarle a usted?**

(| | | |)-| | | |-| | | | |

AREA CODE/ CÓDIGO DE ÁREA

DON’T KNOW d

GO TO X4

REFUSED r

{IF NUMBER PROVIDED AT X2}

X3. **Whose telephone is that?**

{IF NUMBER PROVIDED AT X2}

X3. **¿De quién es ese teléfono?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GO TO X3a

NAME/NOMBRE

DON’T KNOW d

GO TO X4

REFUSED r

X3a. **Do you have another phone number like a cell phone number?**

X3a. **¿Tiene otro número de teléfono, como un número de teléfono celular?**

(| | | |)-| | | |-| | | | | CELL PHONE

AREA CODE/ CÓDIGO DE ÁREA

(| | | |)-| | | |-| | | | | OTHER

AREA CODE/ CÓDIGO DE ÁREA

NO CELL PHONE OR OTHER PHONE NUMBER/ No tengo teléfono celular u otro número de teléfono 1

DON’T KNOW d

REFUSED r

**Is it okay for us to text you at this number? Message and data rates may apply.**

 ***¿Podemos enviarle mensajes de texto a este número? Puede que apliquen cargos de mensajería y datos.***

YES 1

NO 0

DON’T KNOW d

 REFUSED r

|  |
| --- |
| NewPhone COLLECTED  |

**NewPhoneTZ. What time zone are you in?**

***¿En qué zona horaria está usted?***

CATI: If NEEDED: **What time is it there?**

***¿Qué hora es ahí?***

CATI: INSTRUCTION: A TIME ZONE IS REQUIRED. USE ORIGINAL TIME ZONE OR STATE IF NEEDED.

CODE ONE ONLY

Eastern Time (US & Canada) [(FILL CURRENT TIME)] 62

Indiana (East) [(FILL CURRENT TIME)] 63

Central Time (US & Canada) [(FILL CURRENT TIME)] 65

ARIZONA [(FILL CURRENT TIME)] 68

MOUNTAIN TIME (US & CANADA) [(FILL CURRENT TIME)] 70

PACIFIC TIME (US & CANADA) [(FILL CURRENT TIME)] 71

ALASKA [(FILL CURRENT TIME)] 72

HAWAII [(FILL CURRENT TIME)] 73

BAJA CALIFORNIA [(FILL CURRENT TIME)] 93

X4. **Please give me your full name and permanent address.**

X4. **Por favor déme su nombre completo y dirección permanente.**

Name/ Nombre:

Address/ Dirección:

DON’T KNOW d

REFUSED r

**ConfEmail. Please confirm your email address. The address we have is:**

***Por favor confirme la dirección de correo electrónico suya. La dirección que tenemos es:***

 **[EMAIL ADDRESS]**

 **Is this email address correct?**

***¿Es esta dirección de correo electrónico correcta?***

 CODE ONE ONLY

YES, Correct 1 SKIP BOX NEWEMAIL

NO, edit EMAIL address 2 NEWADDRESS

NO, HAS NEW EMAIL ADDRESS 3 NEWADDRESS

DON’T KNOW d SKIP BOX NEWEMAIL

REFUSED r SKIP BOX NEWEMAIL

**NewEmail.** CATI: **Please provide me your email address.**

WEB: **Please enter your email address.**

***Por favor deme la dirección de correo electrónico suya.***

INSTRUCTION: CONFIRM EMAIL ADDRESS WITH RESPONDENT BEFORE CONTINUING

SPECIFY EMAIL

 (STRING (50)

DON’T KNOW d

REFUSED r

|  |
| --- |
| IF C2 = 2, d, r – GO TO ENDING |

|  |
| --- |
| PAYMENTTYPE = 1 – 3 |

**MailTo. Would you like us to send the payment to you or someone else?**

***¿Desearía que enviáramos el pago a usted o a otra persona?***

 CODE ONE ONLY

SEND TO ME 1 SKIP BOX MAILTO

SOMEONE ELSE 2 SKIP BOX MAILTO

REFUSED / DO NOT WANT PAYMENT r SKIP BOX ALTCONTACTS

|  |
| --- |
| PROGRAMMER SKIP BOX MAILTOIF PAYMENTTYPE = 1 (MAIL), GO TO PAYADDR.IF PAYMENTTYPE = 3, GO TO MAILOREMAIL. |

|  |
| --- |
| (PAYMENTTYPE = 1 OR MAILOREMAIL = 1) and mailto ne refused |
| confirm IF MAILTO = 1 AND RESPONDENT ADDRESS LOADED; get IF MAILTO = 2  |
| confirmer IF MAILTO = 1 AND RESPONDENT ADDRESS LOADED; obtener IF MAILTO = 2 |
| if MAILTO = 1 AND RESPONDENT ADDRESS LOADED, FILL NAME AND ADDRESS WITH RESPONDENT INFORMATION; IF MAILTO = 2, DO NOT FILL NAME AND ADDRESS FIELDS |

**PayAddr.**

INSTRUCTION: CONFIRM spelling of name and ADDRESS WITH RESPONDENT BEFORE CONTINUING

CATI: **I would like to [confirm / get] the name and address where we should send the payment.**

 WEB: **Please [confirm / enter] the name and address where we should send the payment.**

***Me gustaría [confirmer / obtener] el nombre y dirección donde debemos enviar el pago.***

 **What is the first name? *¿Cuál es el primer nombre?***

 (STRING 20)

FIRST NAME

 **Middle initial ¿Inicial del segundo nombre?**

 (STRING 1)

MIDDLE INITIAL

 **Last name? ¿Apellido?**

 (STRING 30)

LAST NAME

 SPECIFY ADDRESS

 **What is the first line of the payment address?**

***¿Cuál es la primera línea de la dirección?***

 (STRING (60))

Street Address Line 1, 2, 3, 4

 **Is there an apartment or unit number for this address?**

***¿Hay un número de apartamento o unidad en esta dirección?***

 (STRING (60))

Street Address Line 2

 (STRING (60))

Street Address Line 3

 (STRING (60))

Street Address Line 4

 **And what is the zip code? *¿Cuál es el código postal?***

 (STRING (10))

ZIP Code

 **Town or city?**

***¿Pueblo o ciudad?***

 (STRING (20))

City

 **State?**

***¿Estado?***

 (STRING (2))

State

DON’T KNOW d

REFUSED r

|  |
| --- |
| PROGRAMMER SKIP BOX PAYADDR.ALL RESPONSES GO TO SKIP BOX ALTCONTACTS. |

X7a. **Please tell me the name and telephone number of one person who does not live with you but who will know how to contact you a few months from now. This will help us contact you so we can follow up if we have any questions.**

 **What is the name of the person who will know how we can reach you?**

X7a. **Por favor dígame el nombre y número de teléfono de una persona que no viva con usted, pero que sabrá cómo contactarle en unos meses. Esto nos ayudará a contactarle para que podamos hacer seguimiento si tenemos preguntas.**

 **¿Cuál es el nombre de la persona que sabrá cómo podemos contactarle?**

DON’T KNOW d

GO TO SECTION Y

REFUSED r

X7b. **How is this person related to you?**

X7b. **¿Qué relación o parentesco tiene esa persona con usted?**

MOTHER/ Madre 1

FATHER/ Padre 2

SISTER/BROTHER/ Hermana/hermano 3

FRIEND/ Amigo(a) 4

GRANDMOTHER/GRANDFATHER/ Abuelo/Abuela 5

PARTNER/ Pareja 6

OTHER RELATIVE/IN-LAW/ Otro familiar / pariente por casamiento 7

OTHER (SPECIFY)/ Otro (especifique) 99

(STRING 50)

DON’T KNOW d

REFUSED r

X7c. **What is that person’s telephone number?**

X7c. **¿Cuál es el número de teléfono de esa persona?**

(| | | |)-| | | |-| | | | |

AREA CODE/ CÓDIGO DE ÁREA

DON’T KNOW d

REFUSED r

{IF COMPLETE BY PHONE}

**X10. Were you aware that you could have completed this survey on the Web?**

{IF COMPLETE BY PHONE}

**X10. ¿Sabía usted que podría haber completado esta encuesta en Internet?**

YES/Sí 1

NO 0 GO TO END

{If X10=1}

**X11. Why did you choose to complete the phone interview rather than complete the survey on the Web?**

{If X10=1}

**X11. ¿Por qué escogió completar la entrevista por teléfono en vez de completar la encuesta en Internet?**

 CODE ALL THAT APPLY

DID NOT HAVE ACCESS TO A COMPUTER/ No tenia acceso a una computadora 1

DID NOT HAVE ACCESS TO THE INTERNET/ No tenia acceso a Internet 2

THE SCREEN FROZE/ Se congeló la pantalla 3

TOOK TOO LONG TO LOAD THE SURVEY/ Tomó mucho tiempo cargar la encuesta 4

GOT AN ERROR MESSAGE (SUCH AS “INVALID PASSWORD”, THIS PAGE HAS EXPIRED”, “THIS WEBSITE IS BUSY, PLEASE TRY AGAIN LATER”)/ Recibió un mensaje de error (como “contraseña inválida", esta página ha expirado "," este sitio web está ocupado, por favor intente de nuevo más tarde) 5

THE SCREEN WAS TOO SMALL TO READ QUESTIONS (VISIBILITY ISSUE)/ La pantalla era muy pequeña para leer preguntas (problema de visibilidad) 6

COULD NOT READ THE QUESTIONS

(LITERACY ISSUE)/ No podia leer las preguntas (problema de alfabetización) 7

RECEIVED A PHONE CALL FIRST, BEFORE HAD CHANCE TO DO ON THE WEB/ Recibió una llamada primero, antes de poder hacerlo por Internet 8

DO NOT SPEAK ENGLISH OR SPANISH/ No habla inglés ni español 9

PREFERENCE (WARY OF WEB)/ Preferencia (incómodo con Internet) 10

OTHER (SPECIFY)/ Otra (especifique) 11

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**END. This completes the interview. Thank you for your participation in FACES. Good-bye.**

**END. Esto completa la entrevista. Gracias por su participación en FACES. Adiós.**